



COP 2017 Outbrief Mozambique

Team Mozambique

April 21, 2017



COP17 Overview and Review of Q2 Results

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Overview of Mozambique COP17

- **Aggressive scale-up of ART & VMMC** in response to IMASIDA data
- Special focus on **optimized case finding** and maximizing testing yield
- Strategies to **identify men** living with HIV and link them to ART
- **Zambezia Action Plan** – comprehensive intensified approach to controlling the epidemic
- **Viral load** scale-up
- Focus on improving **retention** for all sub-groups (infants, children, pregnant & BF women, men, young people)
- **Expansion of EPTS**, point of service electronic medical records, new HTS module, and improved data systems to facilitate more tailored response

Preliminary Q2 Data ON TRACK to Achieve FY17 Targets

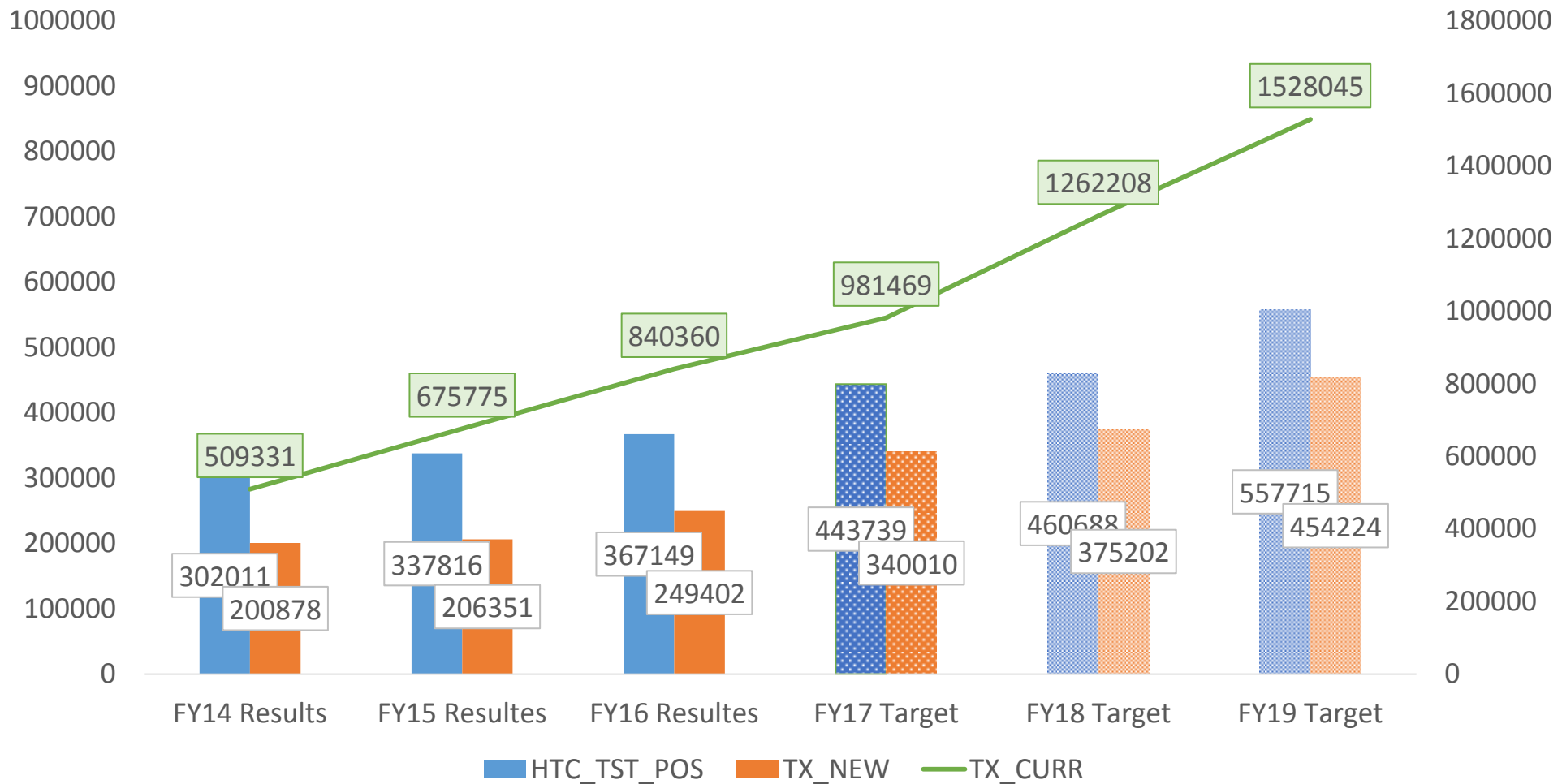
Data include Q1 & Q2 results against semi-annual targets unless otherwise noted

	TOTAL	FY17 Target	% of Annual
HTC_TST	3,320,223	4,840,529	69%
HTC_TST_POS	201,192	443,739	45%
HTC_TST Yield	6.1 %	9.2%	N/A
TX_NEW	154,913	339,649	46%
TX_CURR	908,347	981,469	93%
PMTCT_STAT (96% Coverage)	667,929	1,153,686	58%
PMTCT_ART (95% Coverage)	50,797	98,208	52%
PMTCT_EID (<9 mo.) (69%) Coverage	37,163	89,849	41%

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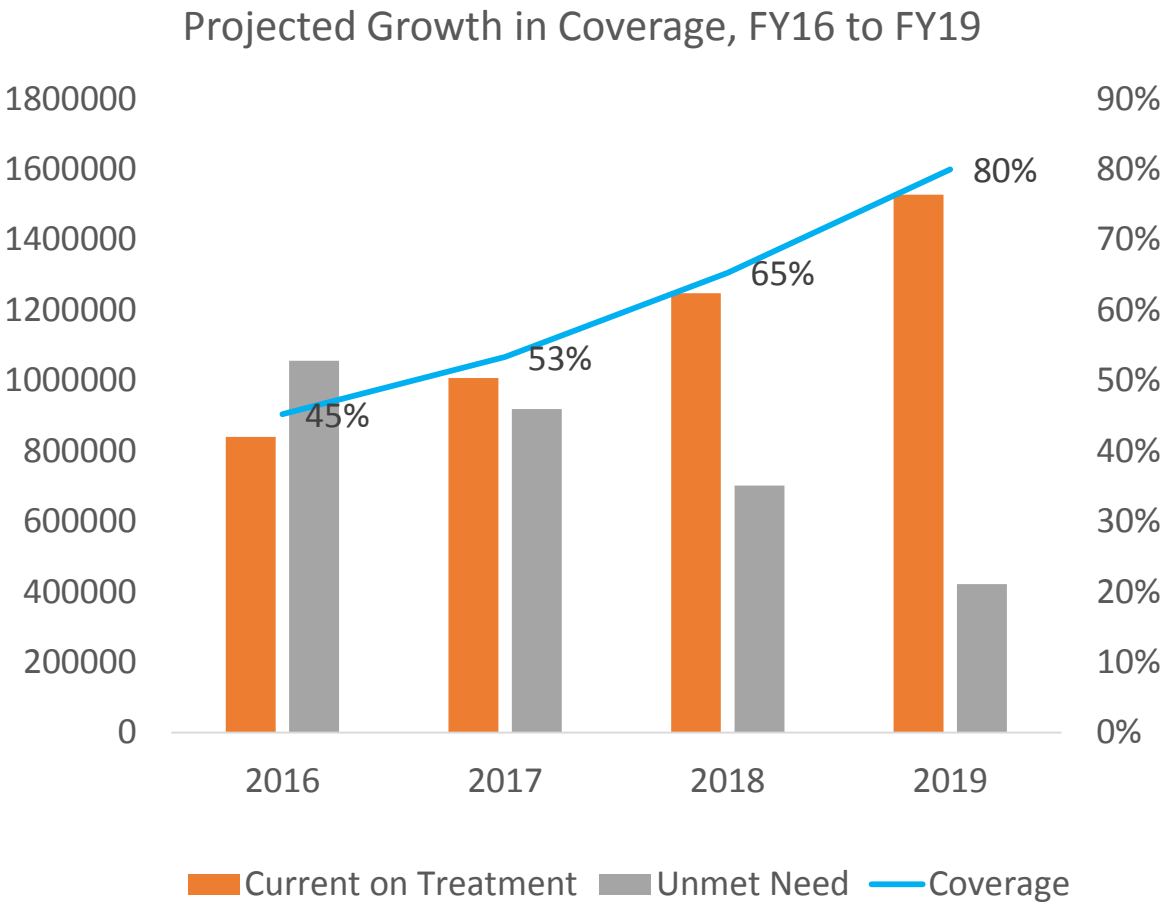
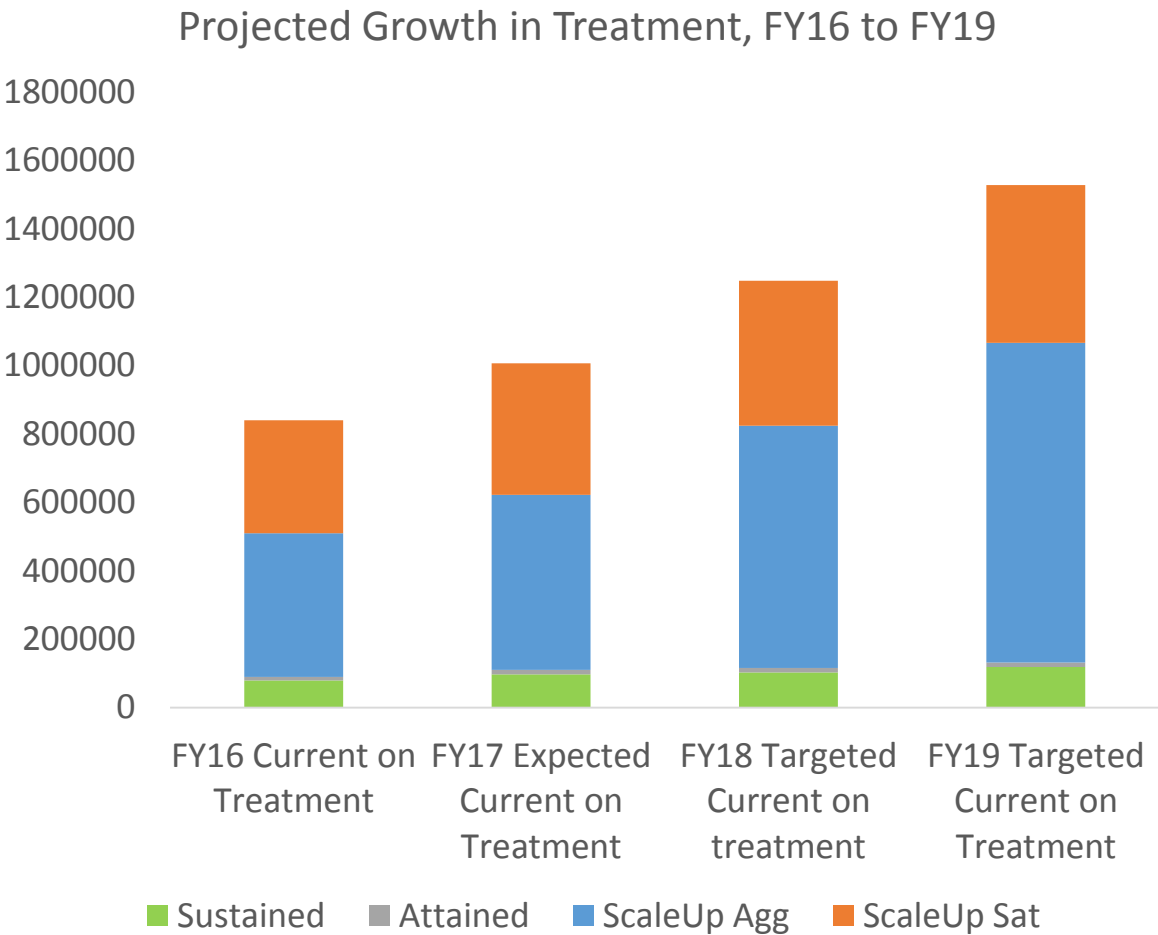
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Increases in HIV Test Positives, Treatment New, and Current on Treatment, FY14 to FY19



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Aggressive Expansion of Treatment Planned for Scale-up Areas to Reach >80% Coverage by 2020



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Summary of COP 2017 Targets by SNU Prioritization

COP17 Priority	HTC_Test	HTC_Pos	Tx_New	Tx_CURR	OVC_Serv	KP_Prev	PP_Prev	VMMC
TOTAL	6,517,607	460,688	375,202	1,262,208	473,665	58,964	140,506	404,297
Attained	37,561	2,291	1,553	13,043	-	-	-	11,520
Saturation	1,195,716	93,447	77,894	423,588	123,823	22,026	42,818	104,139
Aggressive	4,775,402	339,091	276,045	709,779	344,263	33,215	95,788	259,371
Sustained	423,941	19,847	15,009	101,882	5,579	3,723	1,900	1,740
DOD	84,987	6,012	4,701	13,916	-	-	-	27,527

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Stakeholder Review and Comments

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COP17 Stakeholder Recommendations

- Increase investment in **treatment literacy to improve retention**
- Facilitate linkages and communication between civil society and implementing partners
- Continued engagement for national planning and sector-wide coordination
- More consistent use of Portuguese translations to make documents accessible to civil society members

Updates Made During COP Review Meeting

based on input from civil society

- Inclusion of **comprehensive community testing** in selected high-prevalence settings modeled after Project SEARCH
 - Community census followed by multi-disease campaigns followed by mop-up testing
- Plan to develop package of **lay worker support for adherence and treatment literacy** added to SDS
 - Partnering with networks of PLWH and CBOs



Key Gaps & Solutions in COP17

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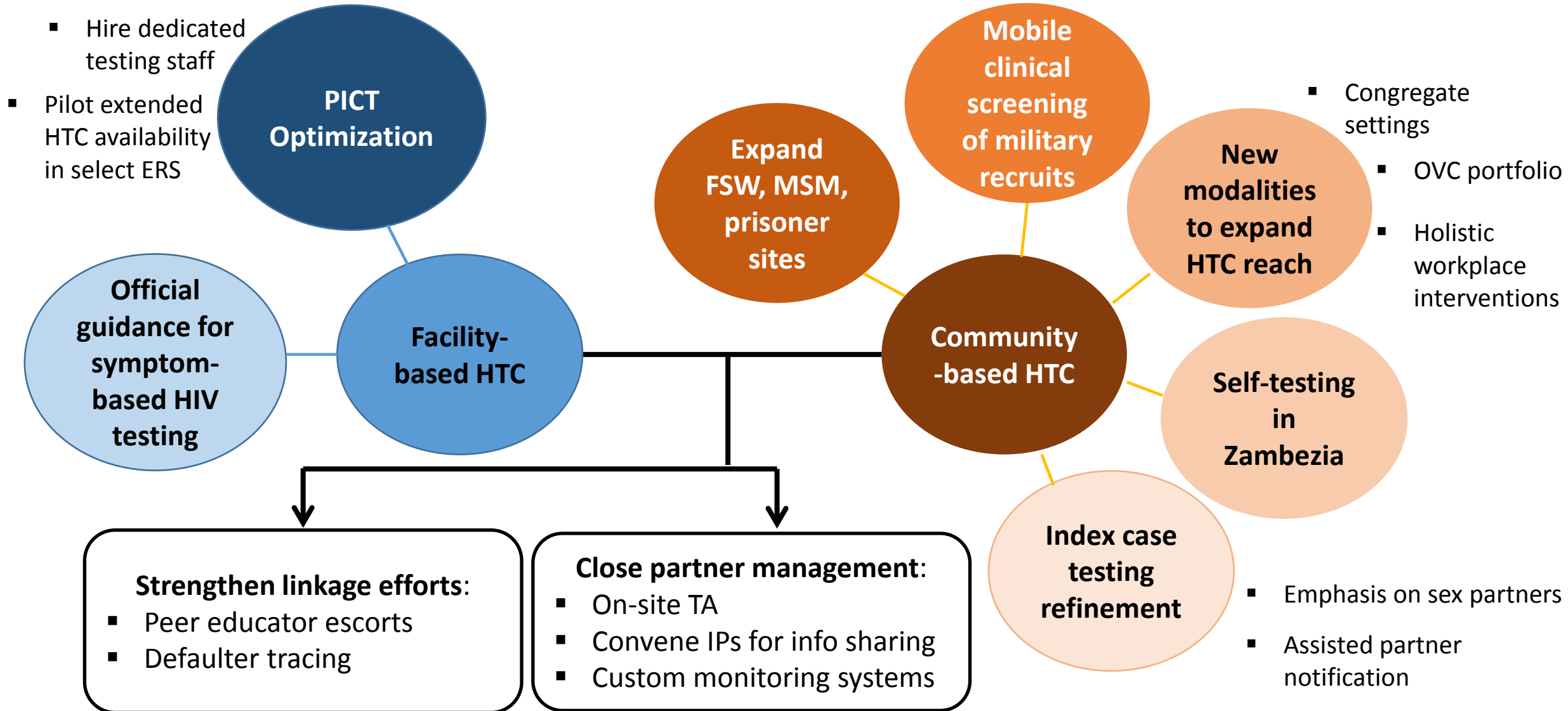


Strengthening Case Identification

Addressing the first 90

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HTC Program Strengthening in COP17



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Quick data collection & analysis for optimizing PICT

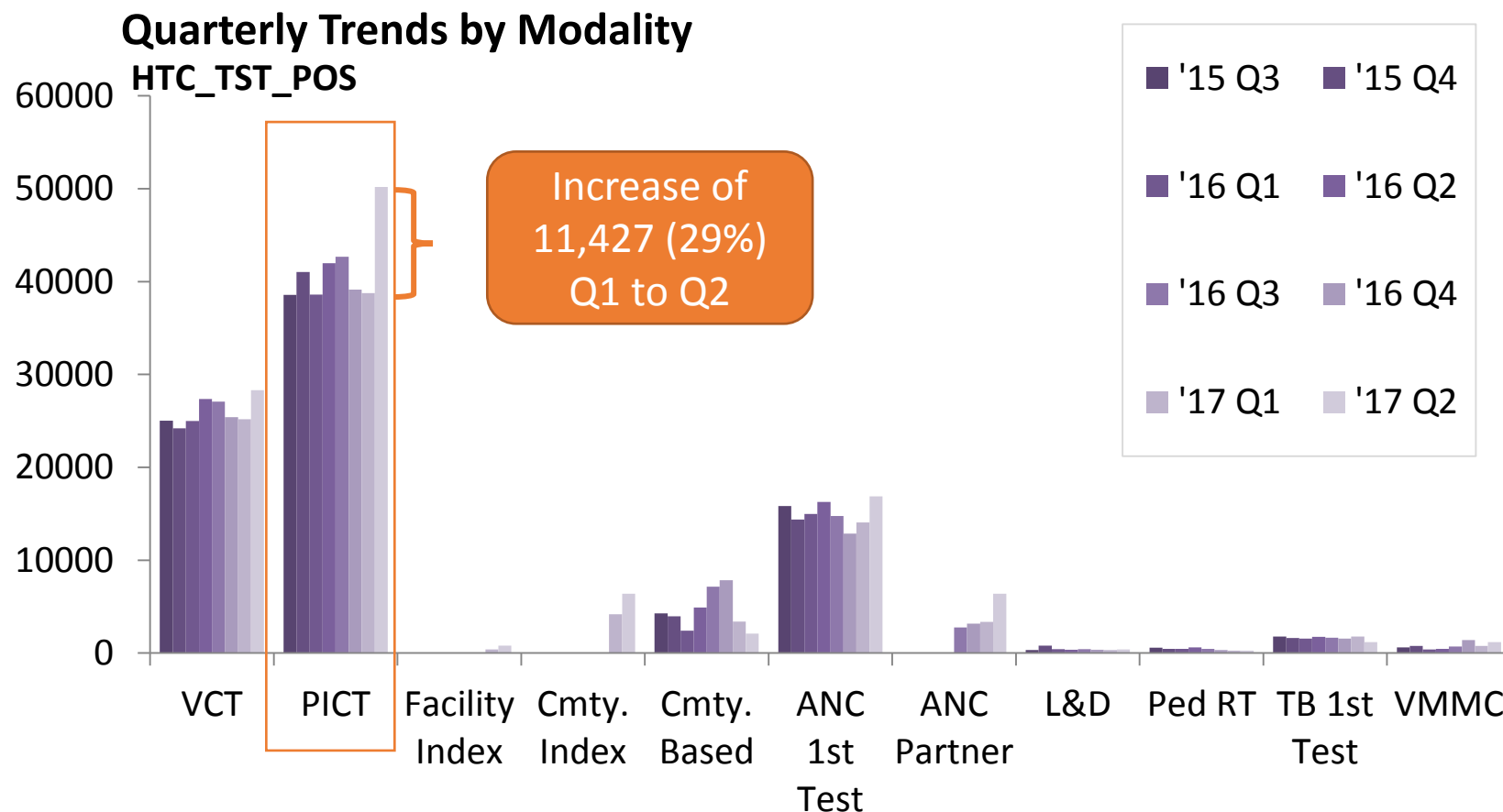
PICT Optimization:
Collected data in
high yield facilities
to understand
where we were
missing positives

Sector	# Observations	# Pts Per Day	% Tested	% Positive	Est. Missed Positives
Adult urgent care	33	84.4	11.9%	21.5%	16.0
Emergency Room	19	69.4	2.5%	18.5%	12.5
Outpatient chronic medicine	5	11.0	13.5%	27.0%	2.6
GI	8	21.7	2.0%	11.8%	2.5
Inpatient Medicine	2	6.6	11.7%	37.0%	2.1
Pediatric urgent care	35	48.4	16.2%	4.8%	2.0
Outpatient chronic pediatrics	3	60.9	16.5%	2.0%	1.0
ENT/Ophtho	3	17.1	7.4%	5.3%	0.8
Inpatient Pediatrics	1	6.8	35.3%	16.7%	0.7
Family Planning	14	14.2	26.7%	4.5%	0.5
Psychiatry	2	4.0	60.0%	29.2%	0.5
Adolescent Medicine	16	14.3	55.9%	6.6%	0.4
TB	32	2.0	64.1%	51.9%	0.4
Immunizations	12	8.3	45.2%	7.7%	0.3
Post-partum consultation	35	5.8	15.7%	5.0%	0.2
At-risk Pediatric Outpatient	37	3.6	16.8%	5.1%	0.2
Co-located VCT	37	11.0	96.7%	21.2%	0.1
Day surgery	2	15.4	0.6%	0.0%	0.0

*18.4% of patients tested overall

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Immediate Impact of PICT Optimization

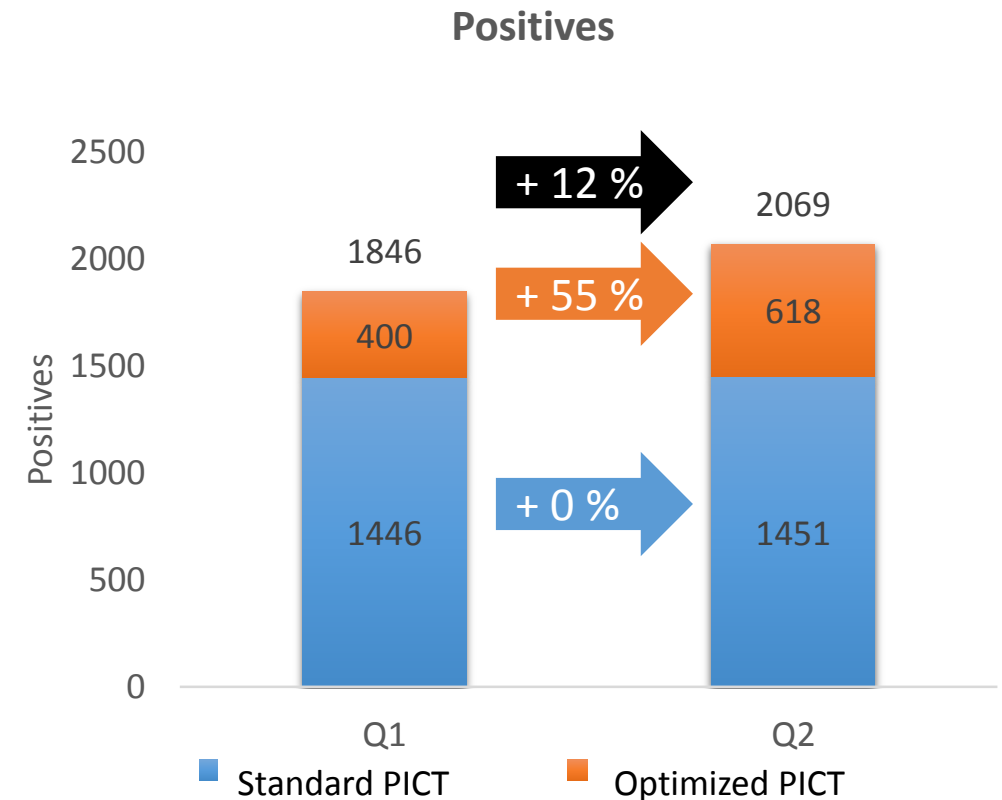
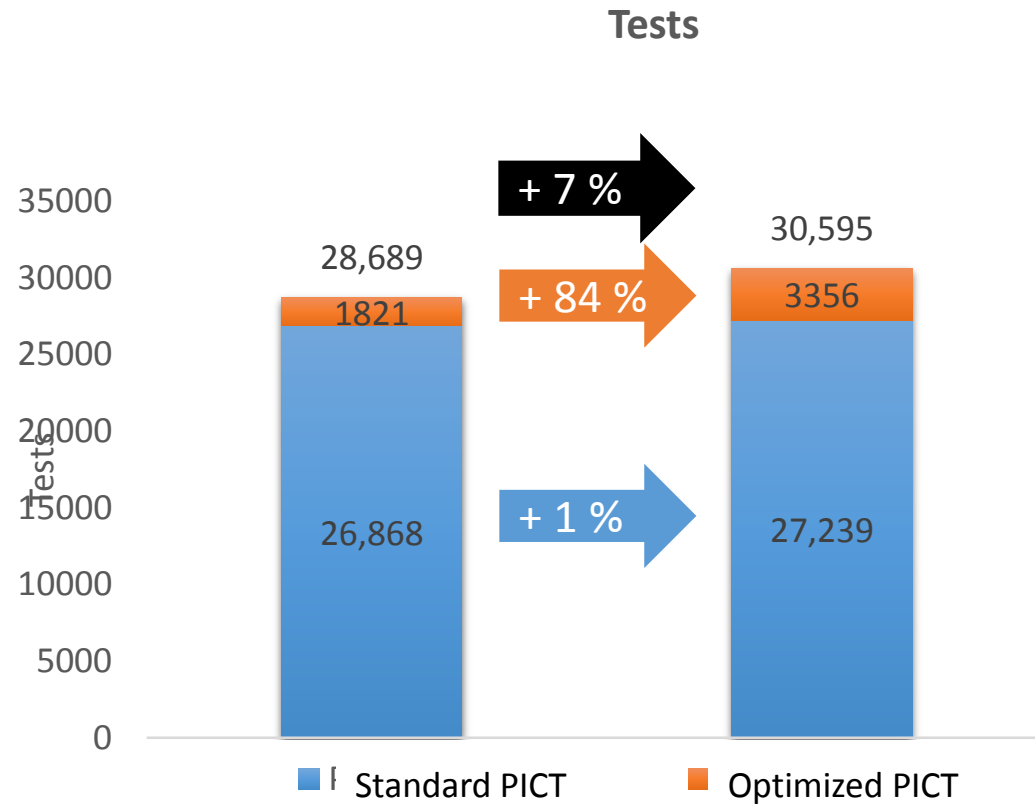


- 201,192 positives reported at SAPR (45% of target)
- Overall increase of 16,414 positives (18%) between Q1 and Q2

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Effect of PICT Optimization in Zambezia

Lay Counselors placed in urgent care/ER and inpatient settings in 7 sites in Quelimane in January, 2017



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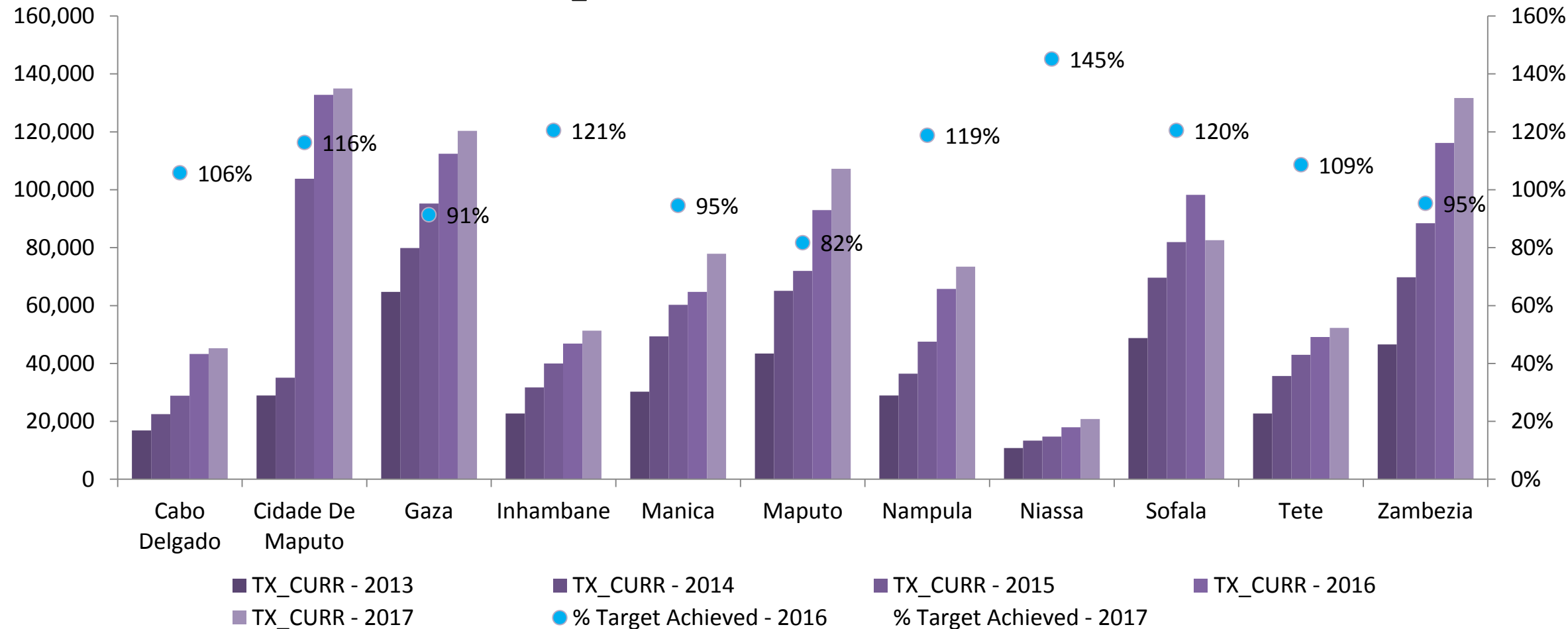
Improving ART Coverage

Second 90: Aggressive Implementation of Test & Start

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Rapid Scale-up of Current on Treatment by Province

TX_CURR Annual Trend: FY13 – FY17

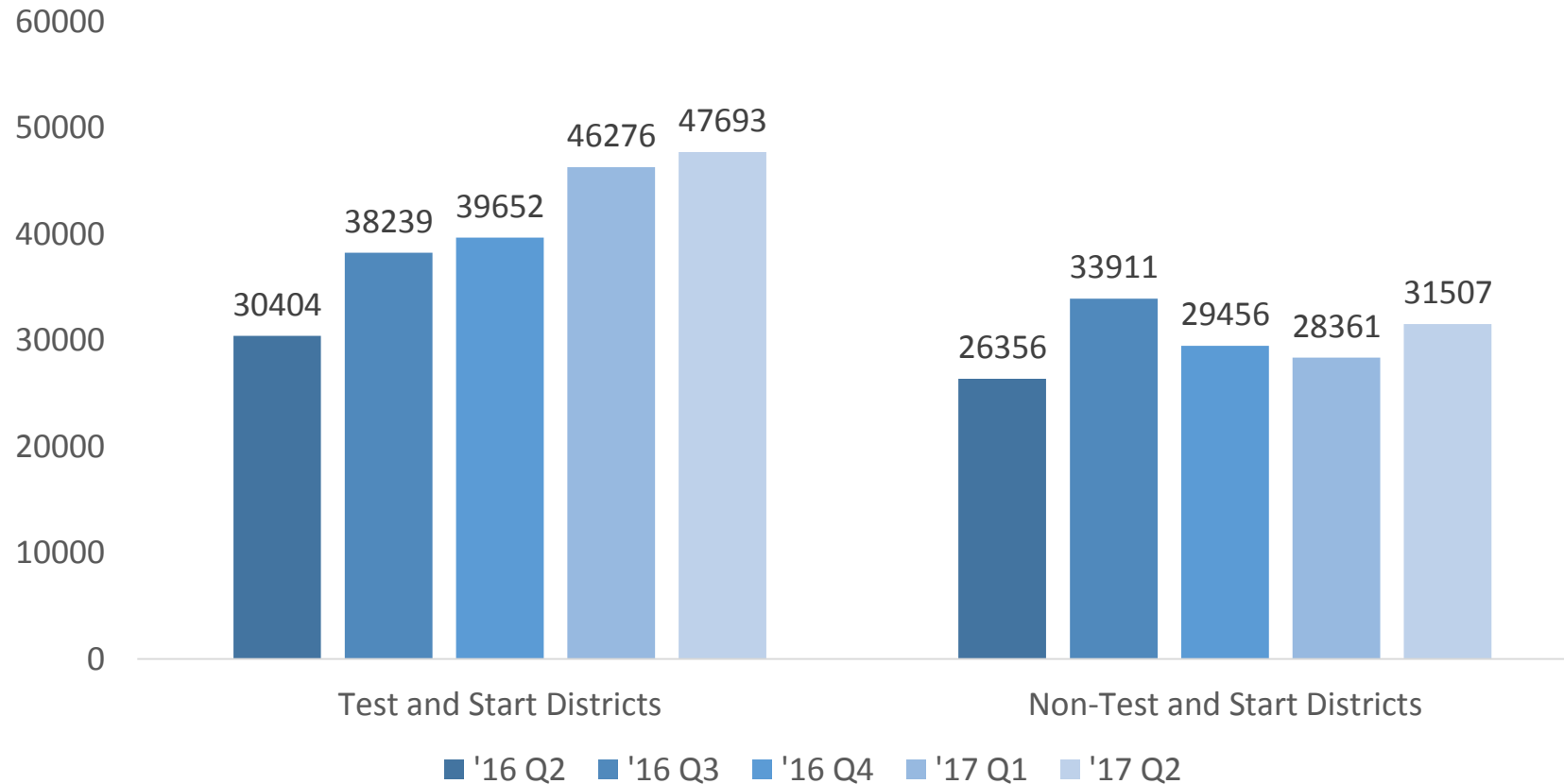


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Growth in New on Treatment Driven by Implementation of Test and Start

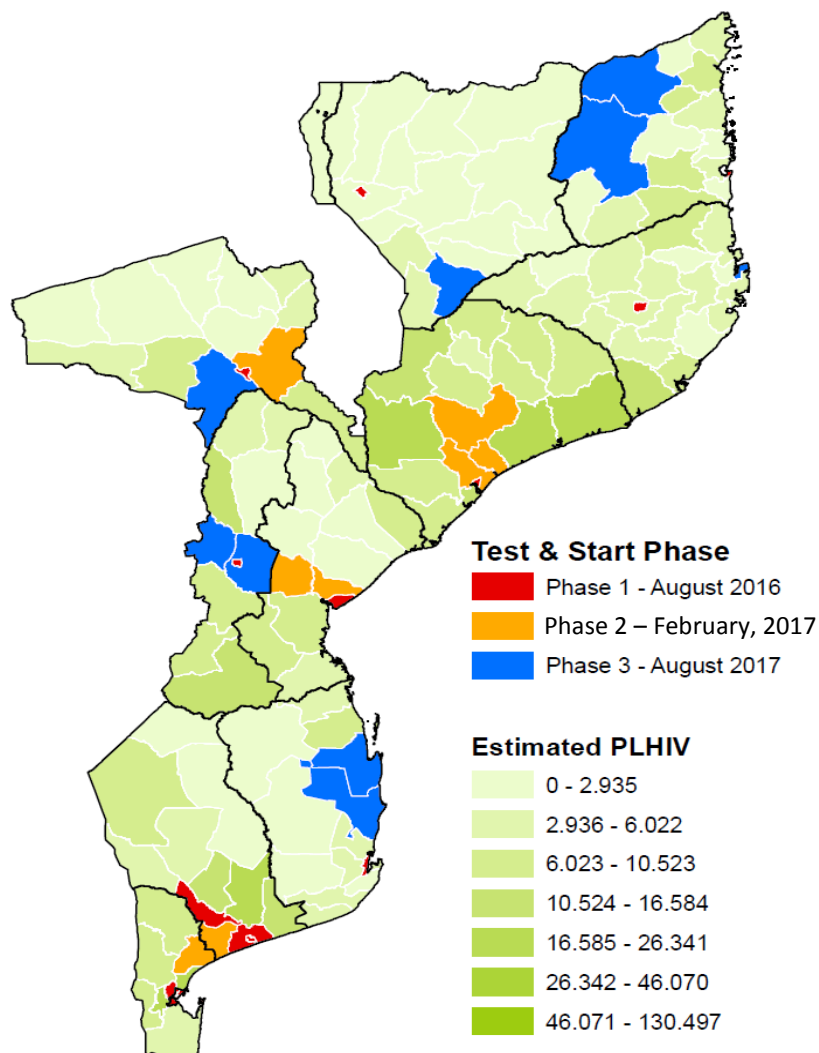
Growth in Treatment New in Test and Start vs. Non-Test and Start Districts



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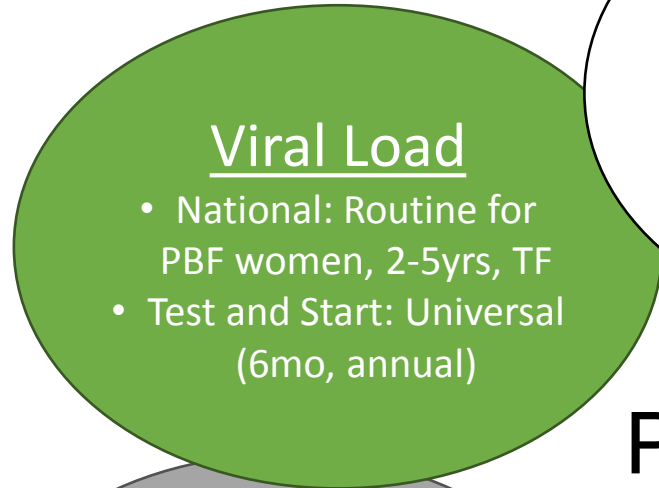
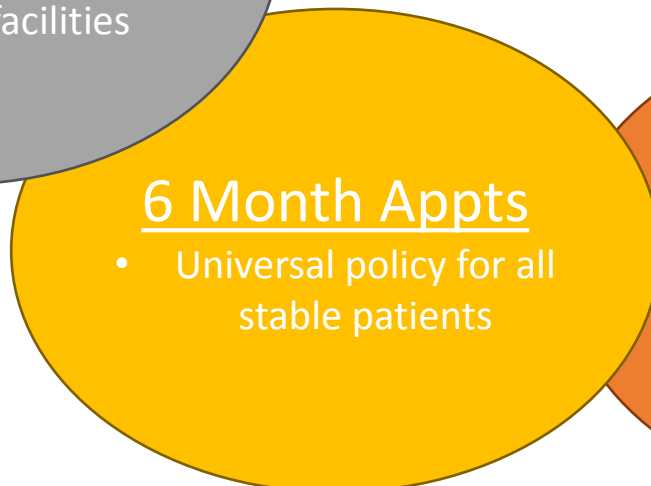
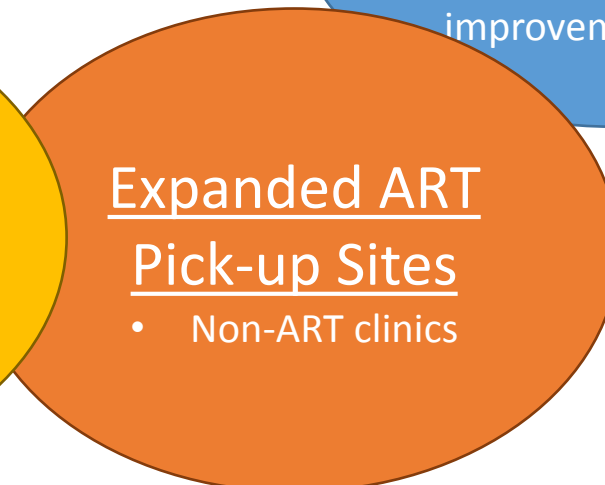
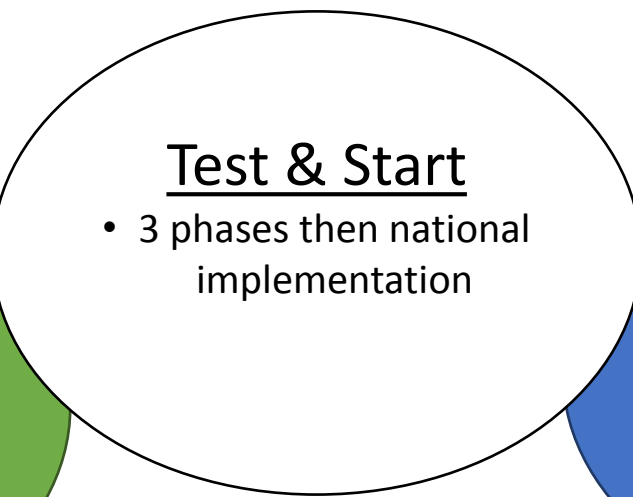
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Update on Test & Start Implementation



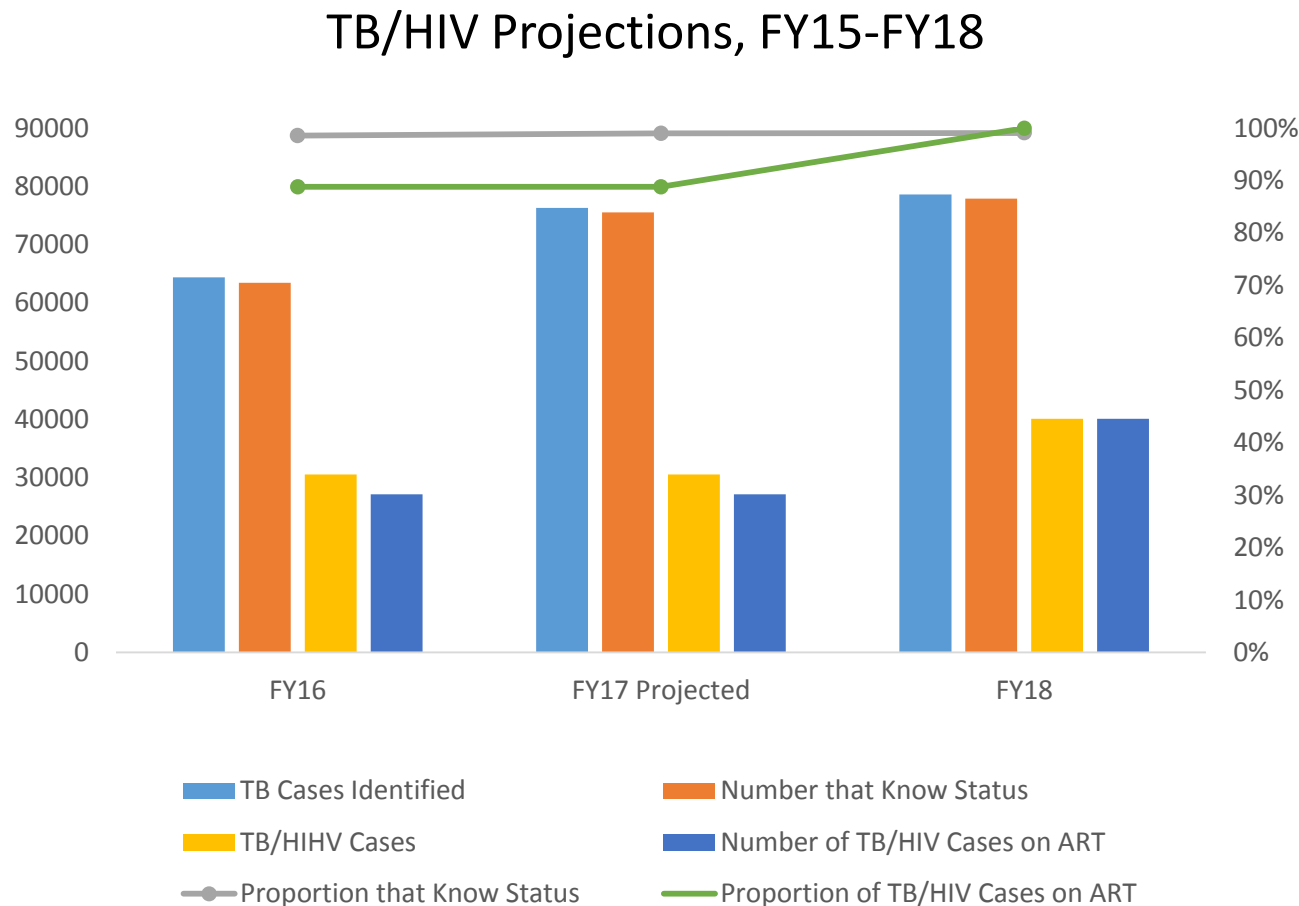
Activities to Support T&S Roll-out	Timeline
MOH announcement of commitment to T&S	March 2016
Readiness tool Development and baseline assessment conducted on phase 1 T&S sites	July 2016
National workshop on multimonth scripting of ARVs	July 2016
National ToT and provincial trainings on T&S	Aug-Sept 2016
Official MOH announcement launching T&S implementation (Phase 1)	September 2016
Reassessment of Phase 1 T&S Sites and Assessment of Phase 2 T&S Sites	Jan-Feb 2017
Official MOH announcement expanding multimonth scripting of ARVs to 50 new facilities	March 2017
Official MOH announcement expanding Test and Start to 8 more districts (Phase 2)	April 2017
Reevaluation to determine plans for more rapid expansion	April 2017

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Policy Updates & New Service Delivery Models

TB/HIV Targets and Assumptions



HIV testing and ART Initiation

- 99% of TB cases will know HIV status
- 45% of TB cases will test HIV positive
- 100% of TB/HIV patients will start ART

IPT and TB Treatment

- 100% of newly enrolled ART patients will be screened for TB
- 10% of these will start TB treatment
- 90% will start IPT (80% of these will complete)

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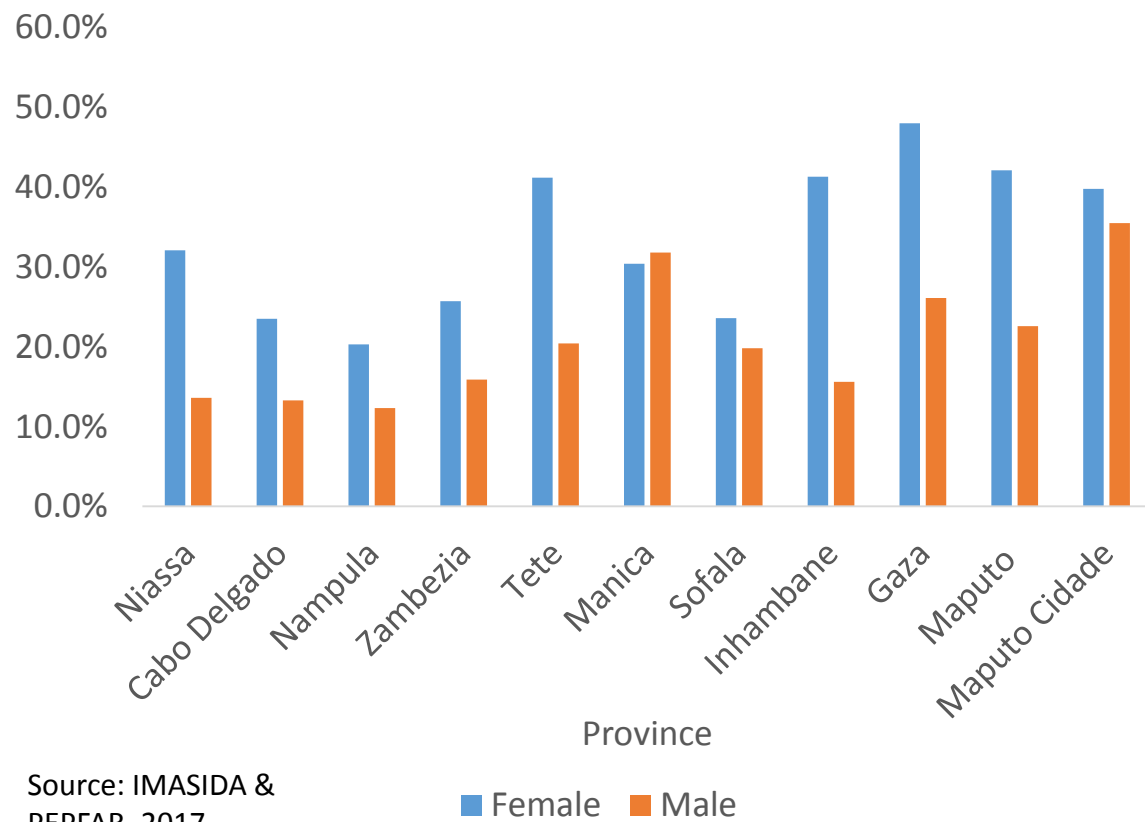


Improving Engagement of Males

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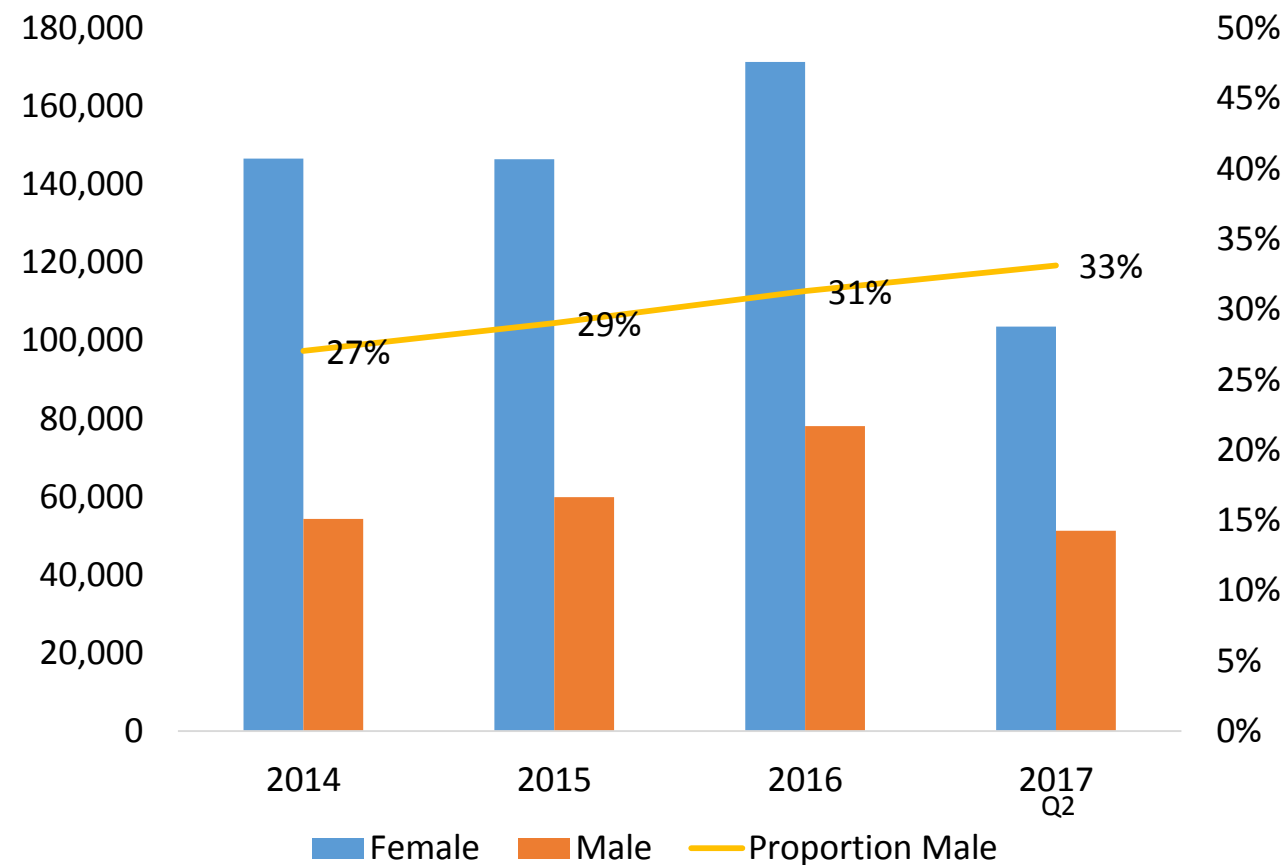
Males Lagging in Testing & Treatment

Proportion Reporting HIV Test in Past 12 Months by Sex and Province



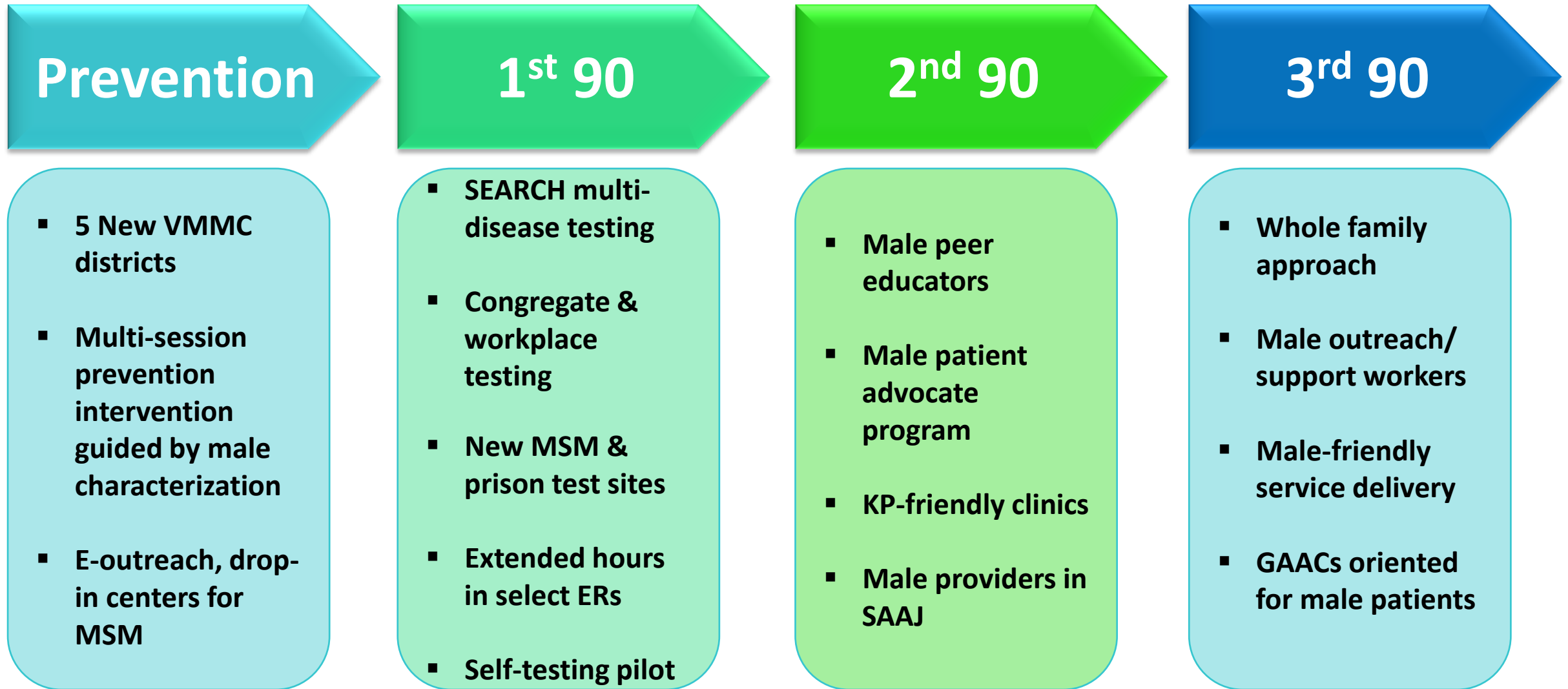
Source: IMASIDA & PEPFAR, 2017

Ratio of Males to Females in New on Treatment, 2014-2017

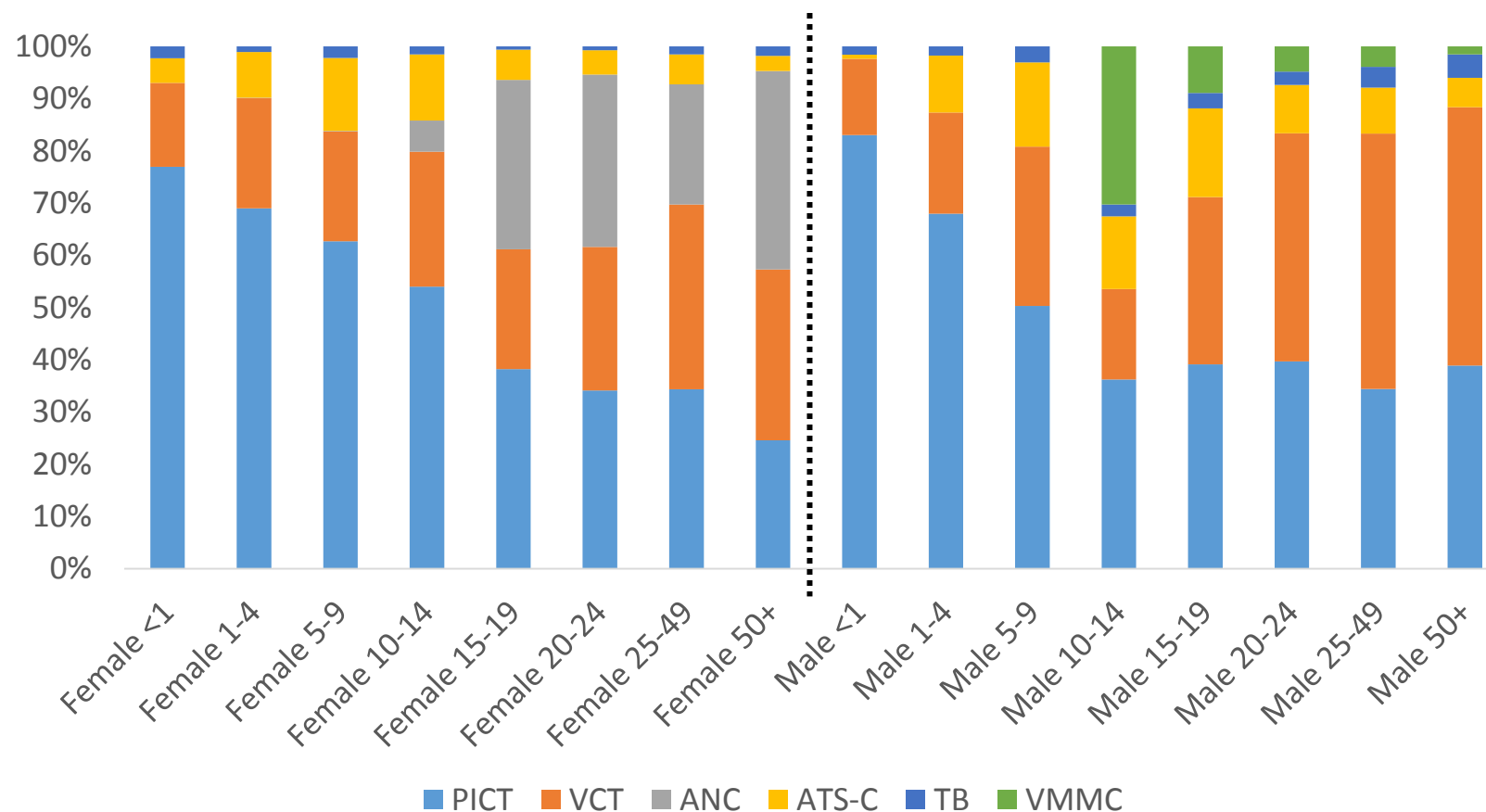


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Male Engagement in Mozambique



Where People Are Being Diagnosed with HIV by Age-Sex Category*



* Data from subset of sites reporting finer age-sex disaggregations

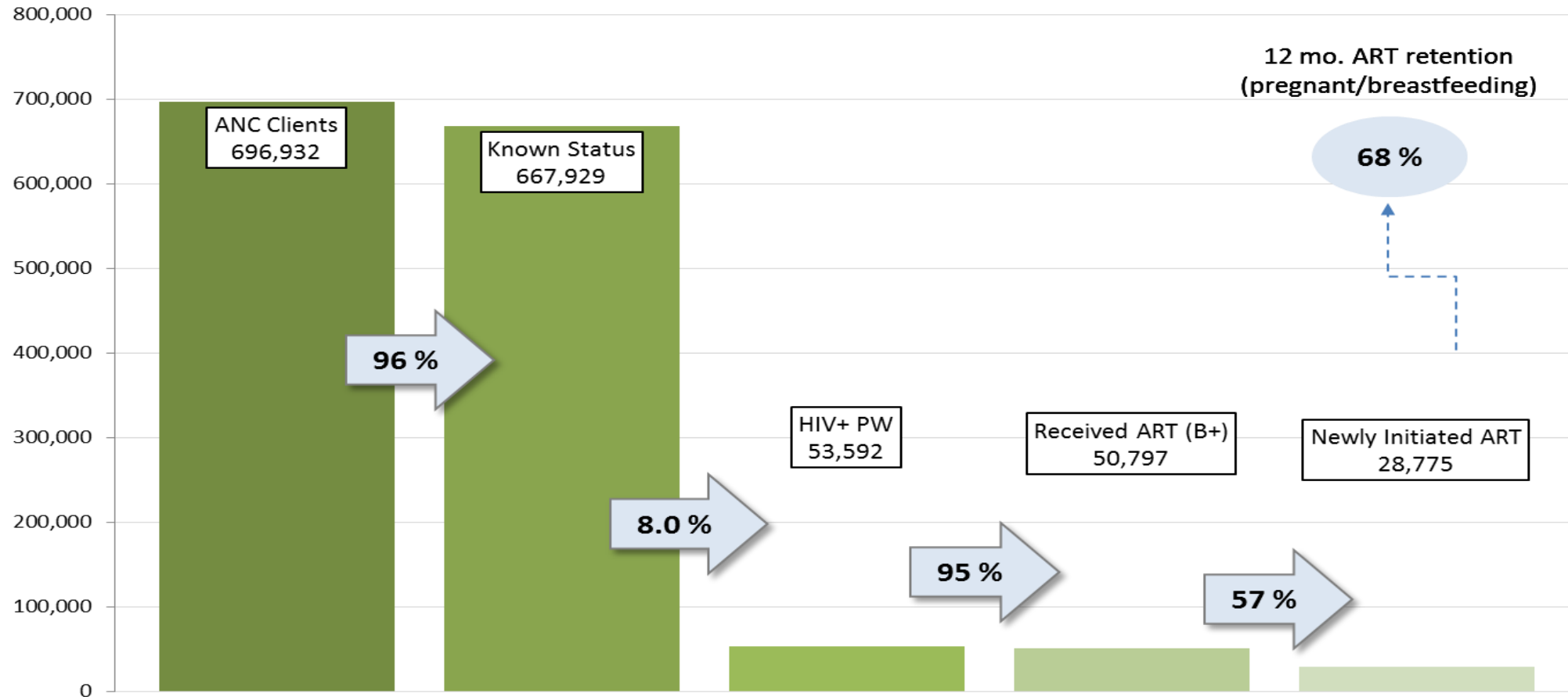


PMTCT & Pediatrics

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COP16 Results: PMTCT_STAT and PMTCT_ART on track

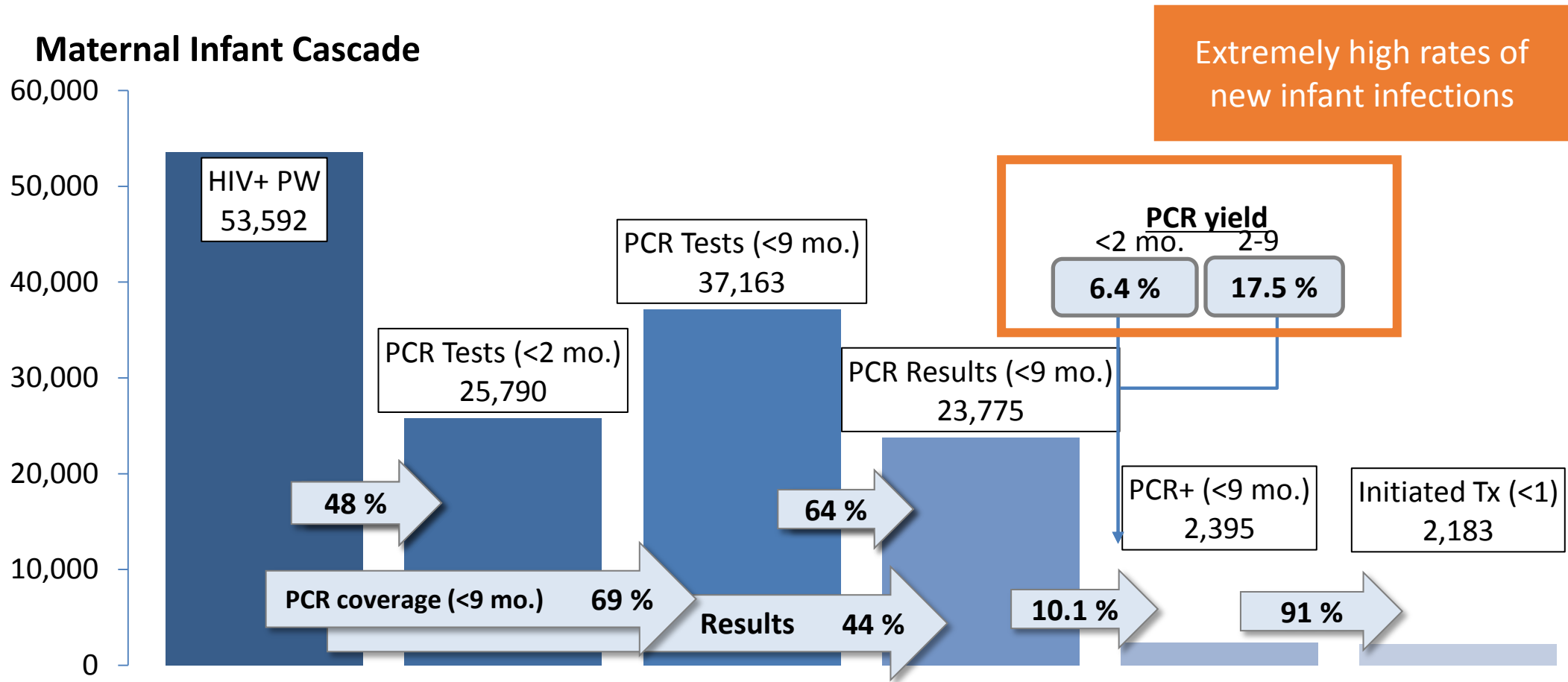
PMTCT Cascade



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High PCR Yield in Exposed Infants



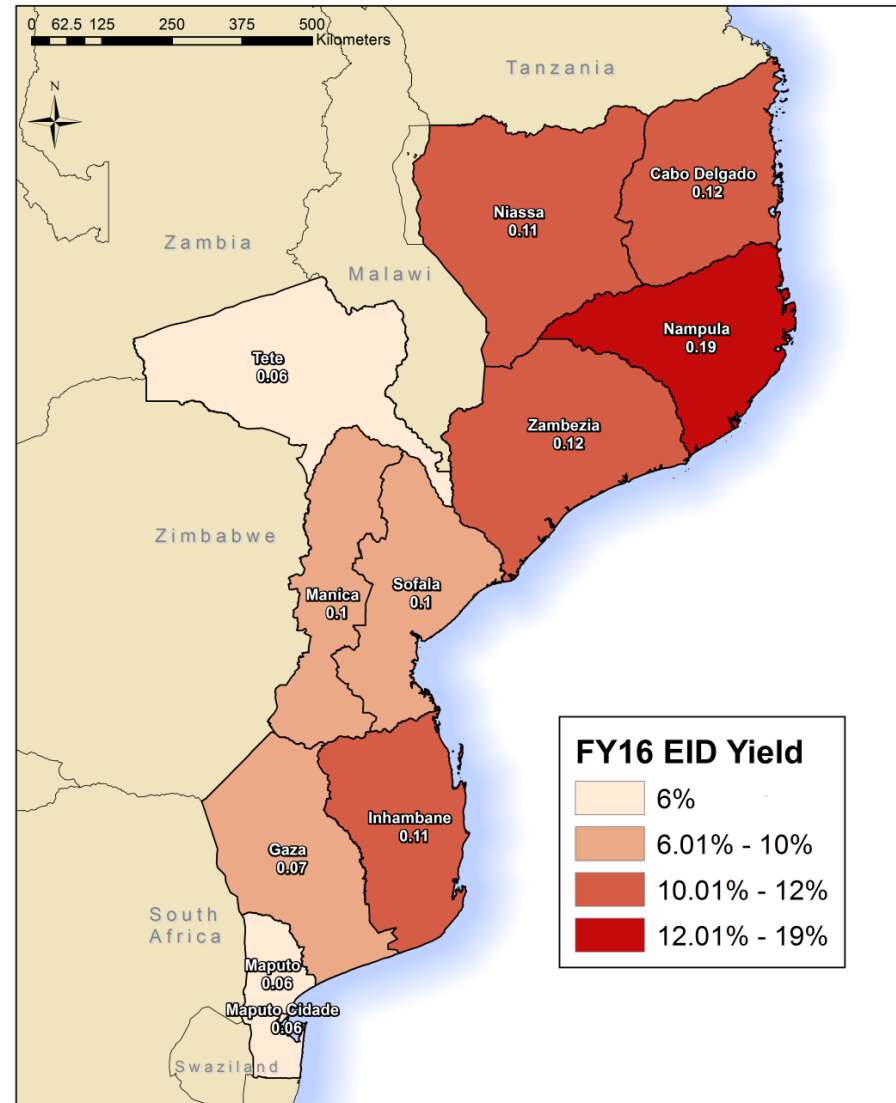
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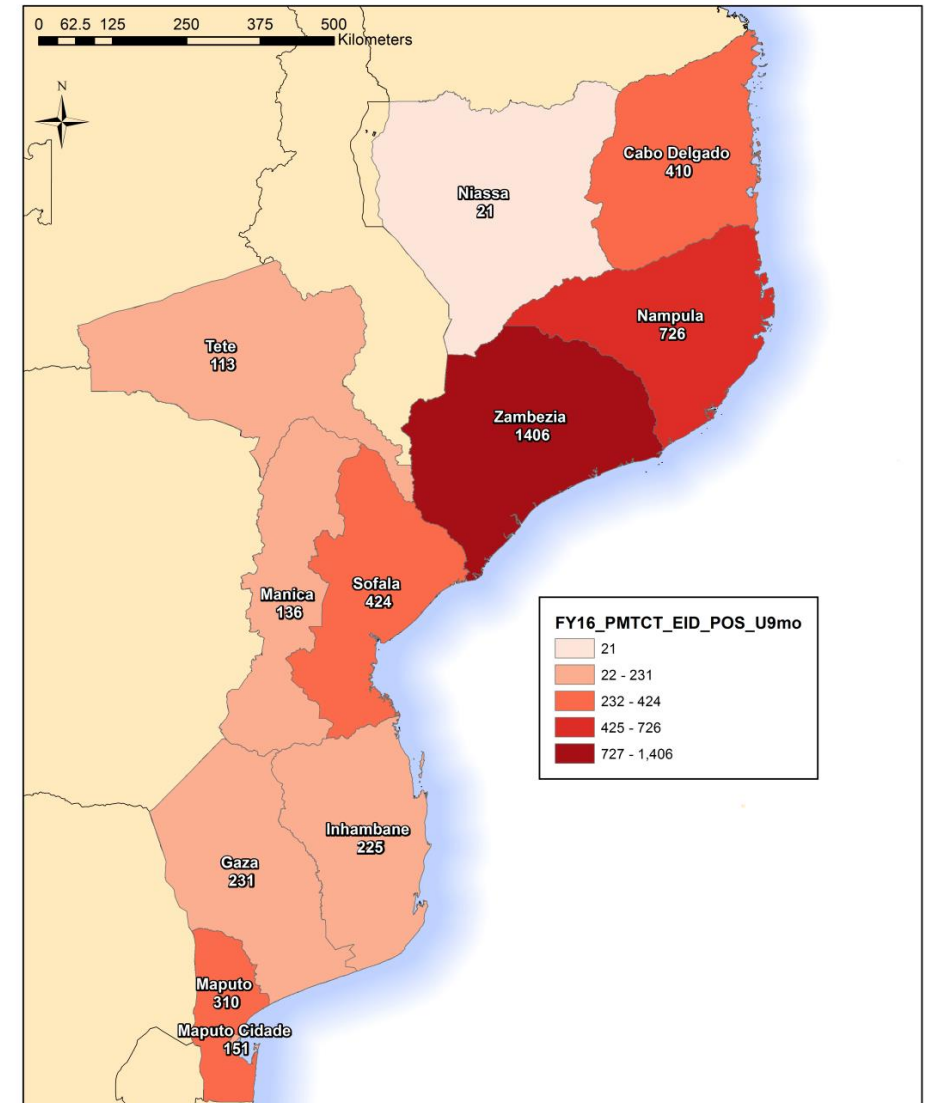
EID Yield by Province

EID PCR yield (<9 mo) is highest in Nampula (19%), followed by Zambezia and Cabo Delgado (12% each).

~23% of HIV-infected infants are in Zambezia



HIV+ Infants by Province



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Emergency Response to Elevated MTCT Rate

High MTCT rate indicates:

- **Low EID testing rate** – may have biased sample of ill infants
- **Low viral suppression** due to **poor retention** and initial/long-term adherence among mothers in PMTCT

Emergency response will include:

- Immediate **inter-agency TDY** to diagnose issues & design comprehensive response
- Enhanced **PMTCT partner management**, monthly data reviews with IPs
- **Viral load** for pregnant women already on ART
- **PrEP for mothers** in discordant partnerships
- Roll-out of mentor mothers & other **evidence-based retention interventions**



Focusing on Retention, Adherence and VL Suppression

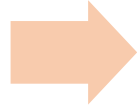
Third 90

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Strategic Approach to Improve Retention

DIFFERENTIATED SERVICE DELIVERY

From diagnosis to
ART initiation



0-6 months on ART



After 6 months on ART

HEALTH FACILITY INTERVENTIONS

- Improve Linkages
- Reduce HF barriers to ART initiation

- APSS/PP strengthening
- Integrated service delivery

- Patient tracking systems
- LTFU analysis

COMMUNITY BASED INTERVENTIONS

- APSS/PP
- Intensive community case management (lay counselors)

- APSS/PP
- Defaulter/ LTFU tracing
- Intensive community case management (peer support, M2M)

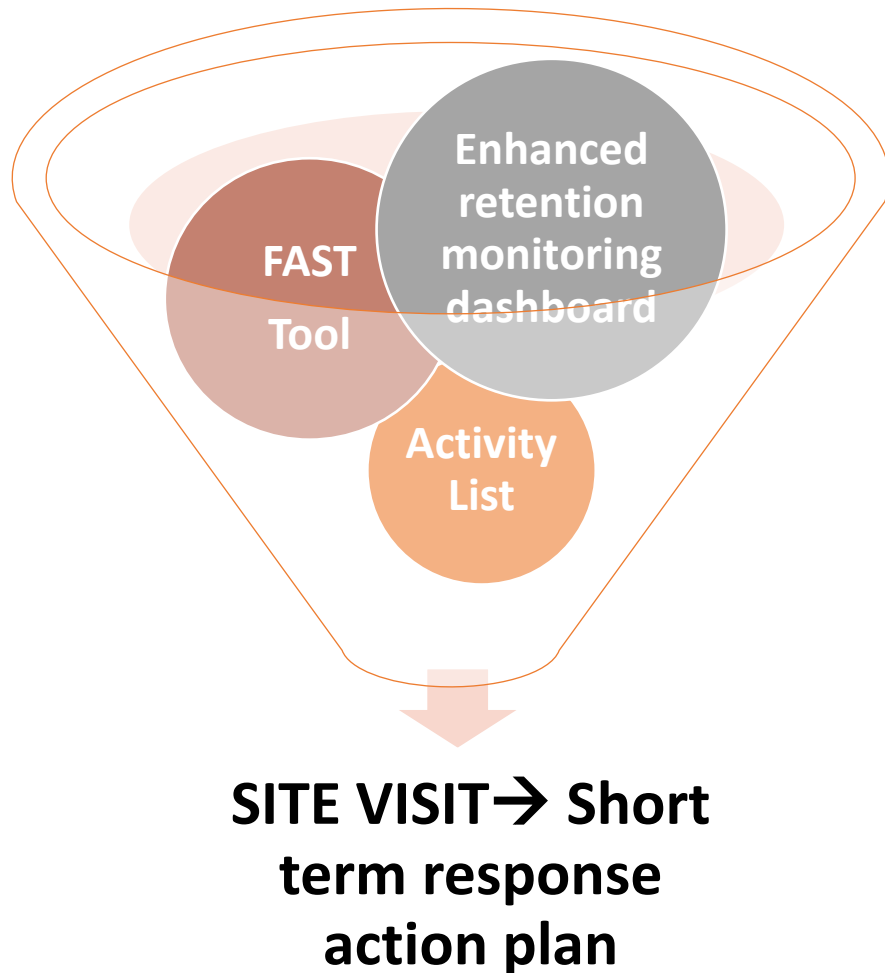
- APSS/PP
- Defaulter/ LTFU tracing
- GAAC / Support groups
- M2M
- Village S&Ls

- Community sensitization / mobilization / treatment literacy
- Stigma reduction / PHDP / disclosure support / legal rights

**Interventions
are tailored to
subpopulation**
(PMTCT,
adolescents,
children, men)

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Aggressive Partner Management to Monitor and Improve Performance



Follow Action Summary Tracker (FAST) TOOL

HF	% patients newly enrolled in clinical care that had a acinical consultation on the same day of HIV diagnosis_All	initiating ART 2 months prior to month of results submission deadline that returned for 2nd clinical consultation or	initiating ART 4 months prior to month of results submission deadline that have made 3 subsequent drug pick-ups within	initiating ART 4 months prior to month of results submission deadline who have either a clinical consultation or an
Machava II CS	64%	95%	52%	88%
Ndlavela PSA	80%	93%	61%	90%
Boquisso PS	74%	96%	77%	92%
Komgolote PSA	82%	98%	51%	82%
Matola I CSURB	62%	91%	50%	75%

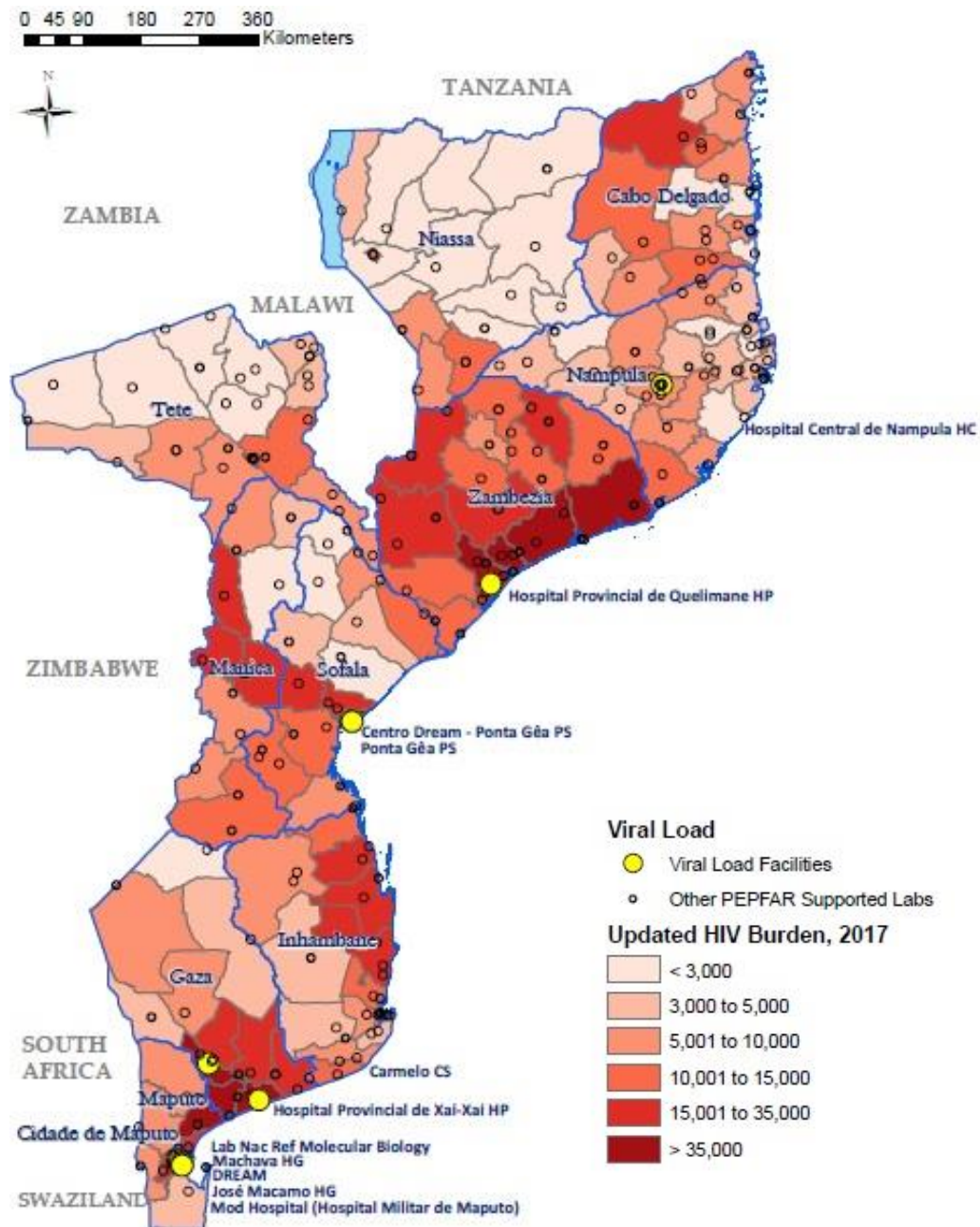
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VL Suppression January – March, 2017

Age Group (yrs)	# of Tests	# of Tests Suppressed	% Suppressed
<5yrs	1067	346	32%
5 - 14 yrs	1568	702	45%
>14 years	26515	16617	63%
Not specified	1598	967	61%
Total	30748	18632	61%

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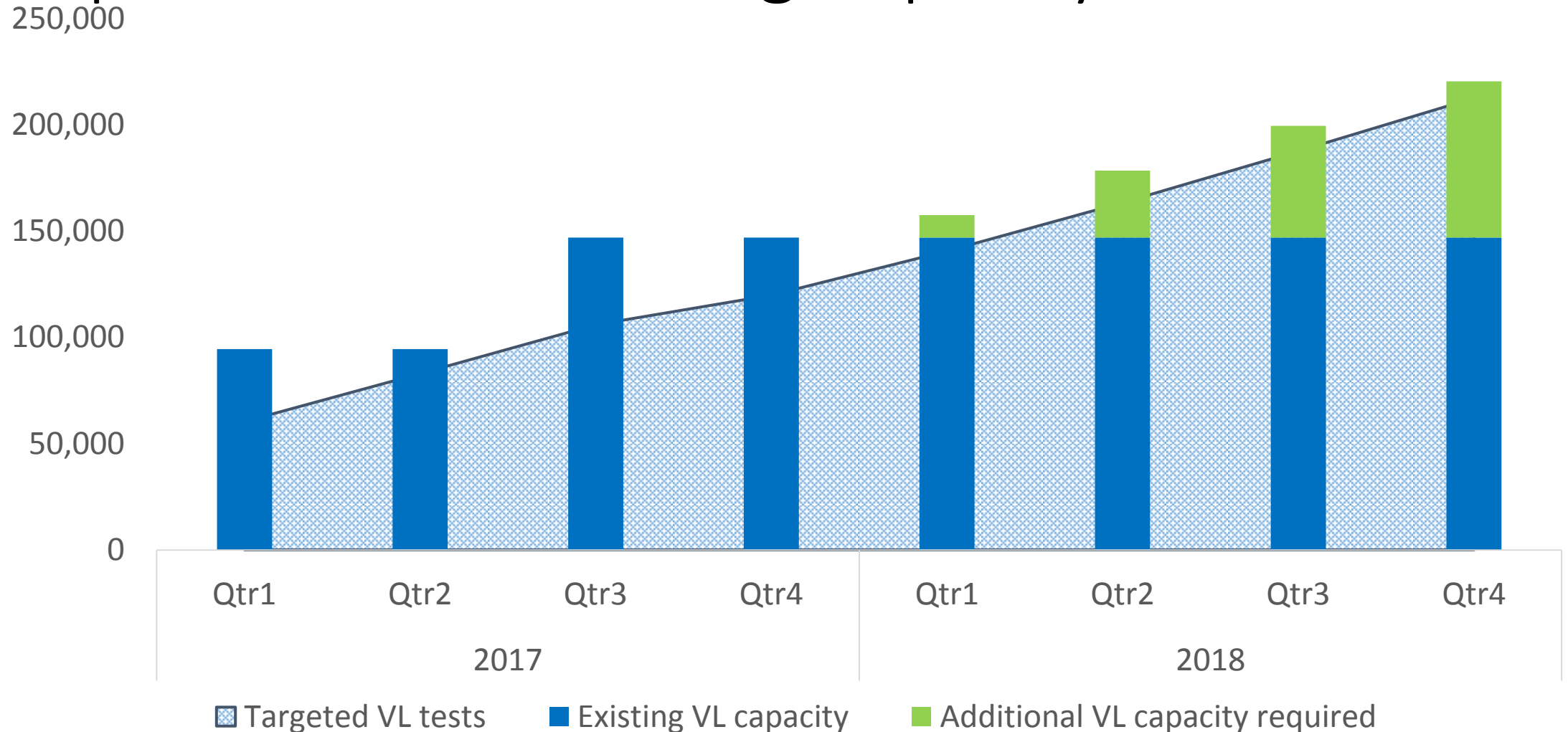
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VL Implementation in Mozambique

- FY 2015: Targeted VL access - pregnant women, children (2-5 yrs) and suspected Tx failure
- August 2016: Phased introduction of routine VL aligned with implementation of T&S (29 districts with highest PLHIV)
- FY 2018: **Routine VL monitoring for all patients on ART (at completion of roll-out of T&S)**

Expansion of VL Testing Capacity



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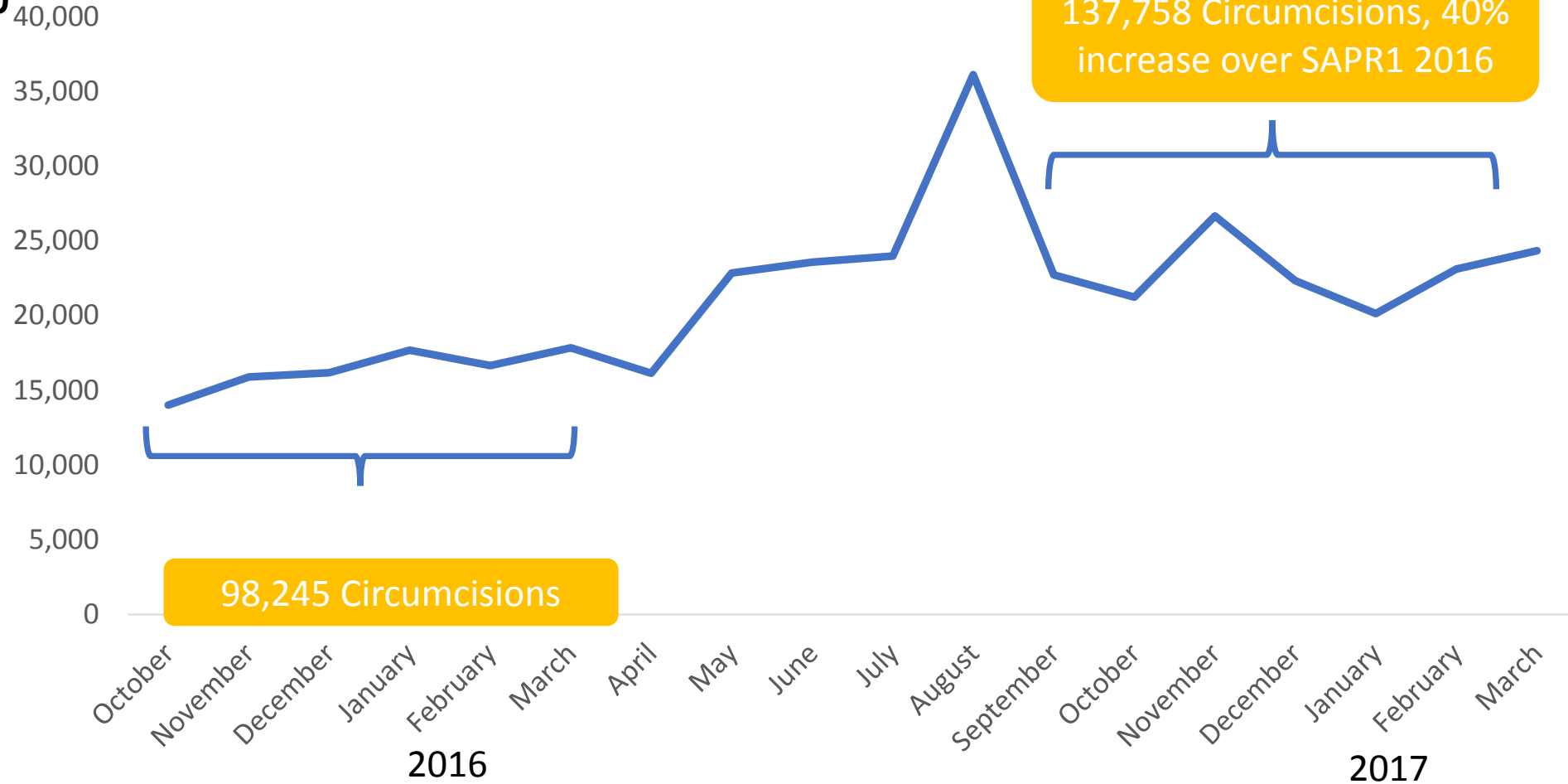
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VMMC

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VMMC's on Track for 80% of Target After Seasonal Adjustment

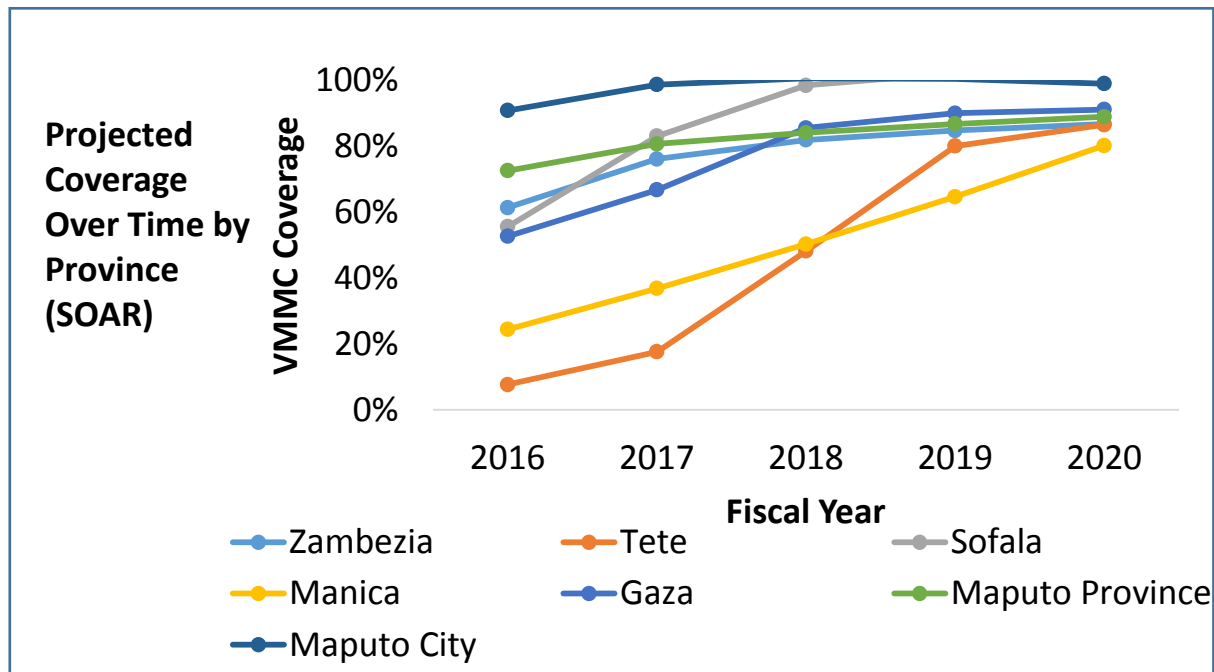


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COP 17 Targeting Strategy for VMMC

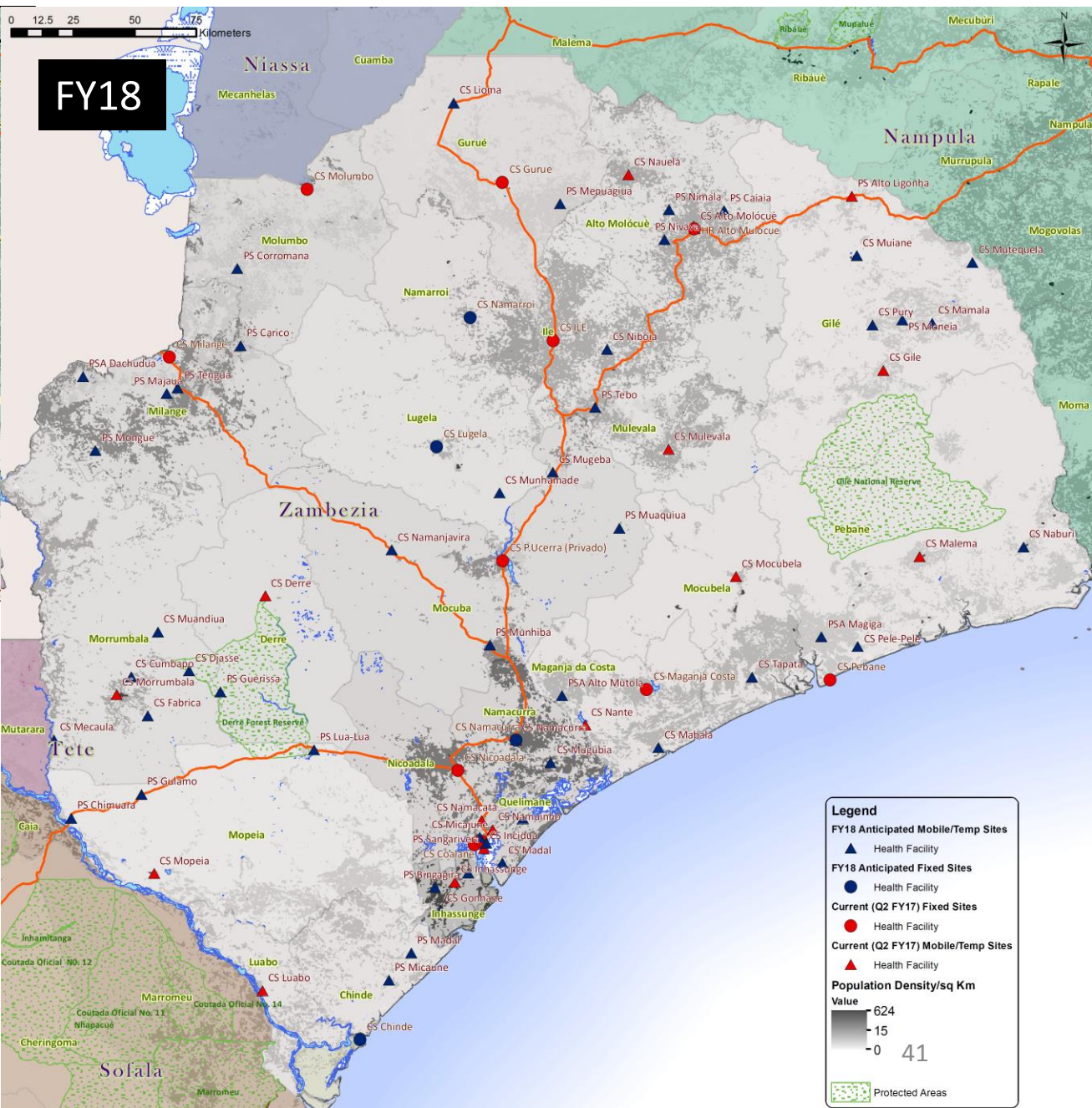
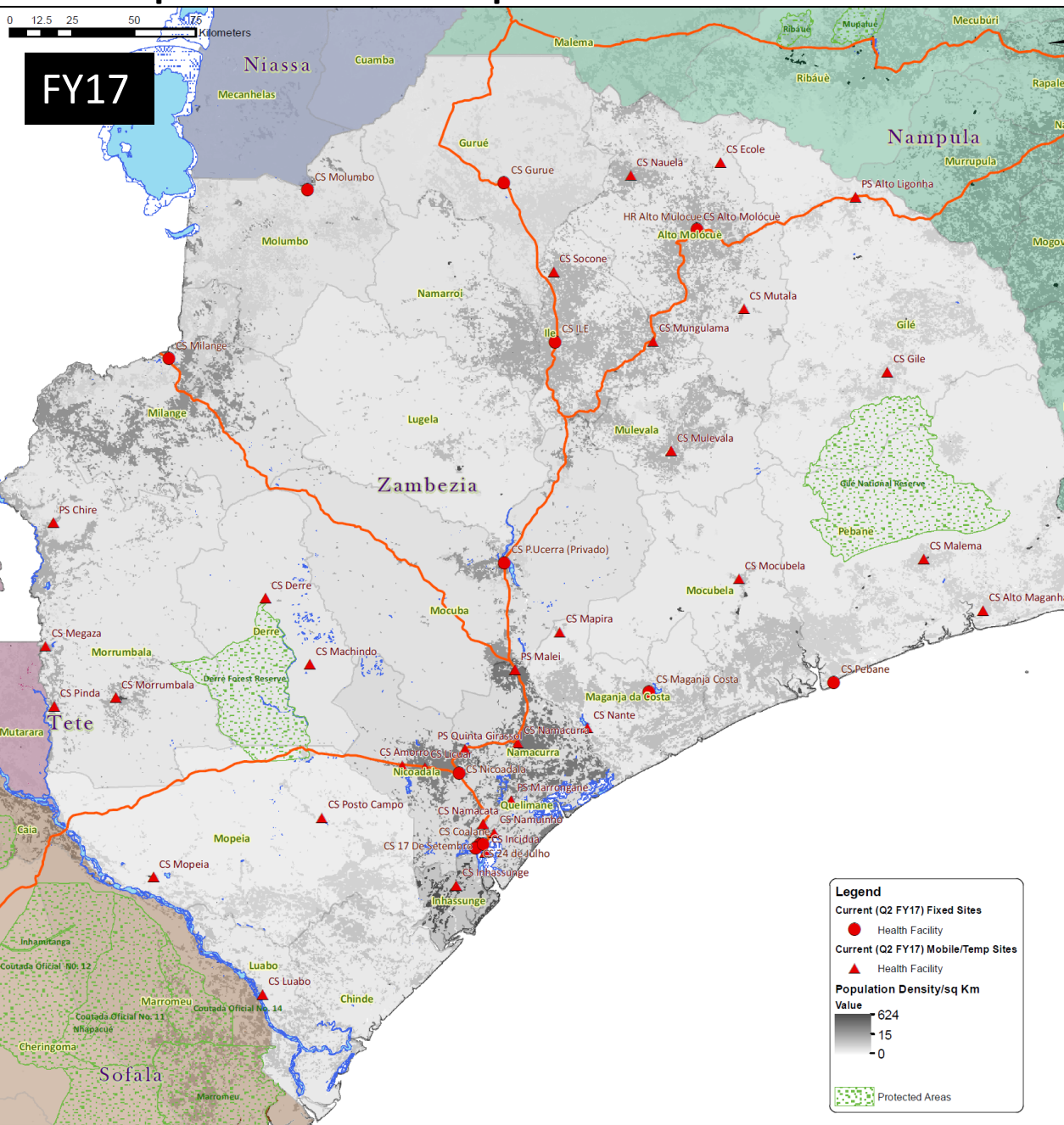
- Target of 80% coverage in 50 of 59 established districts in COP17
- Targeting saturation for 10-14 year olds in COP17 in 2 provinces approaching saturation



VMMC Coverage by Province, Mozambique, End FY17

	10-14	15-19	20-24	25-29	30-34	35-39
Zambezia	54%	77%	78%	73%	60%	56%
Tete	16%	21%	18%	13%	6%	5%
Sofala	66%	96%	85%	62%	35%	27%
Manica	27%	41%	38%	29%	16%	13%
Gaza	92%	90%	62%	42%	30%	26%
Maputo Province	72%	85%	80%	76%	66%	63%
Maputo City	89%	101%	102%	93%	76%	68%

Comparison of Population and VMMC Service Distribution in Zambezia

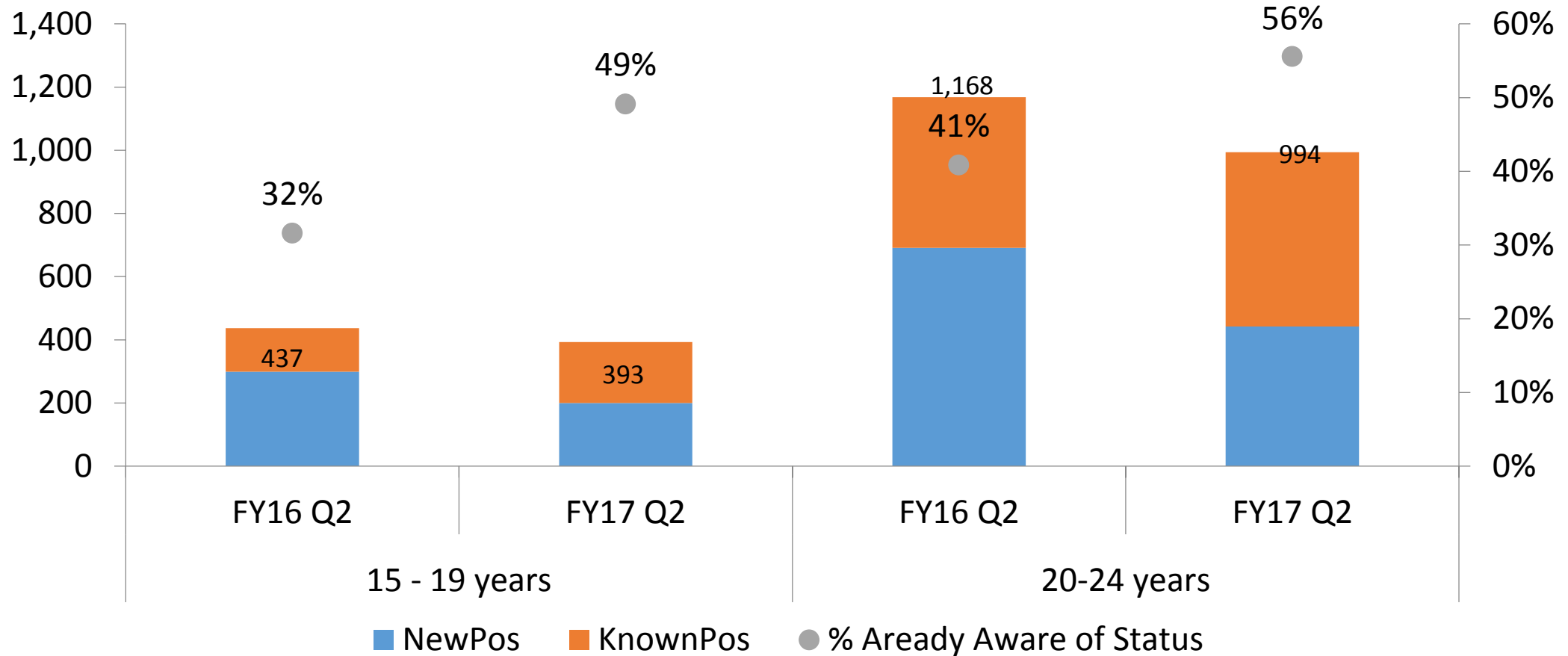




DREAMS

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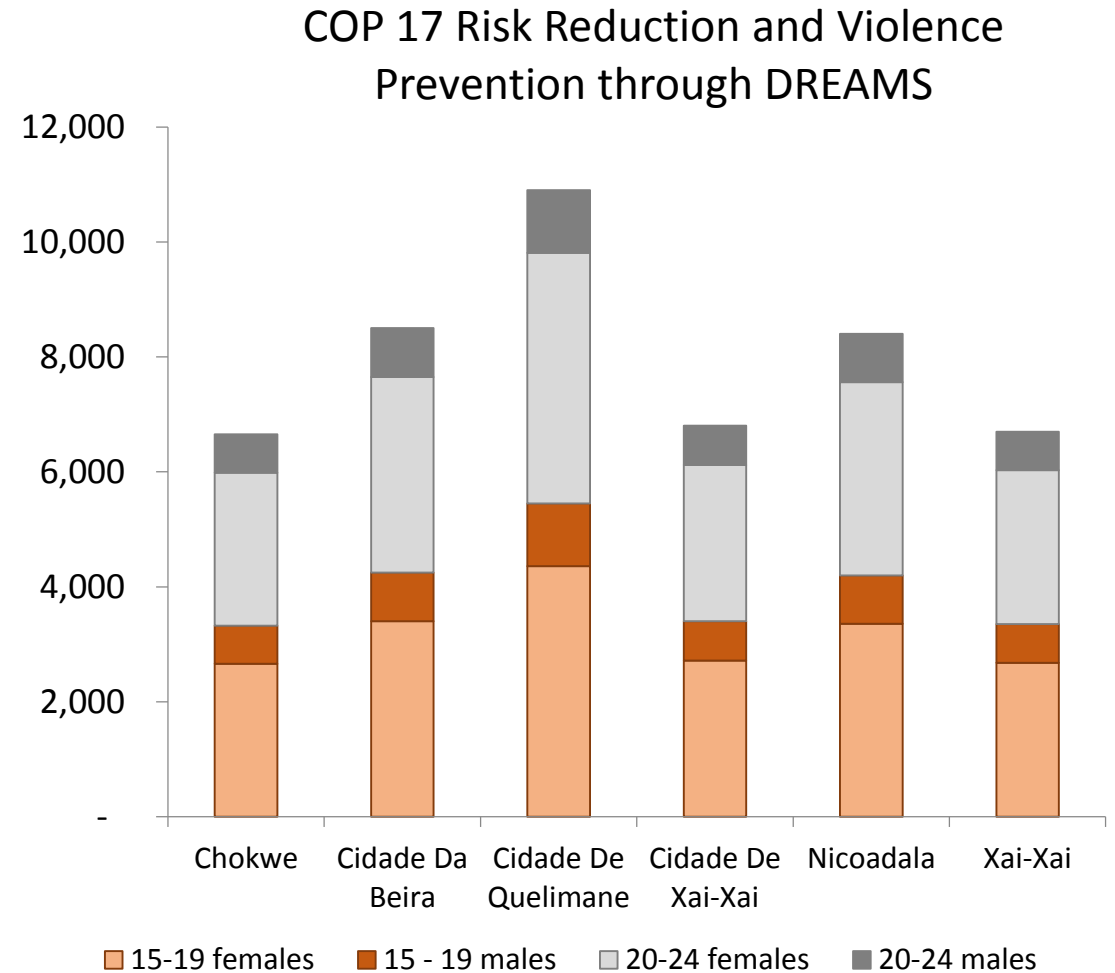
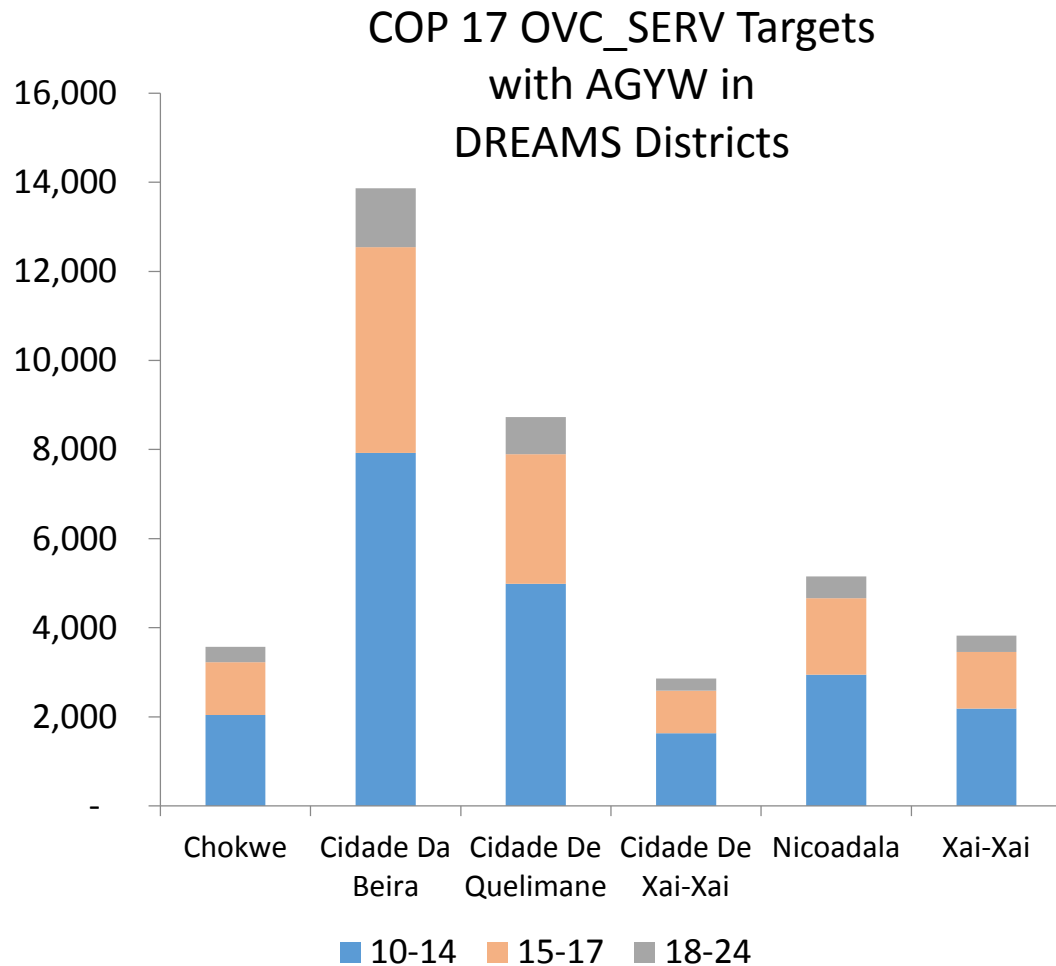
DREAMS Districts: Increased Awareness of Status Among HIV+ Women at First ANC



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COP17 DREAMS Targets: OVC_SERV and PP_PREV by Age and District



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Layering of DREAMS Services

- Layering database piloted in Beira to **measure layering**: strong collaboration between clinical and community partners.
 - ✓ Pilot completed.
 - ✓ Database being refined.
 - ✓ Will be scaled up in Beira, and then Quelimane in FY17.
- “Layered” to be defined as: % of beneficiaries who participate in/receive at least one of ***each type of activity***
- The system will also track ***how many different services*** each beneficiary accessed

HIV Status Known:

- HIV test received through DREAMS, or
- HIV test <6 months prior to DREAMS enrollment

HIV & violence prevention education:

- School-based prevention
- GEND_NORM
- Community-based prevention activity

Social Asset Building:

- VLSA
- Girls Club
- Parenting/caregiver education training sessions
- Education subsidy

Youth-friendly health services:

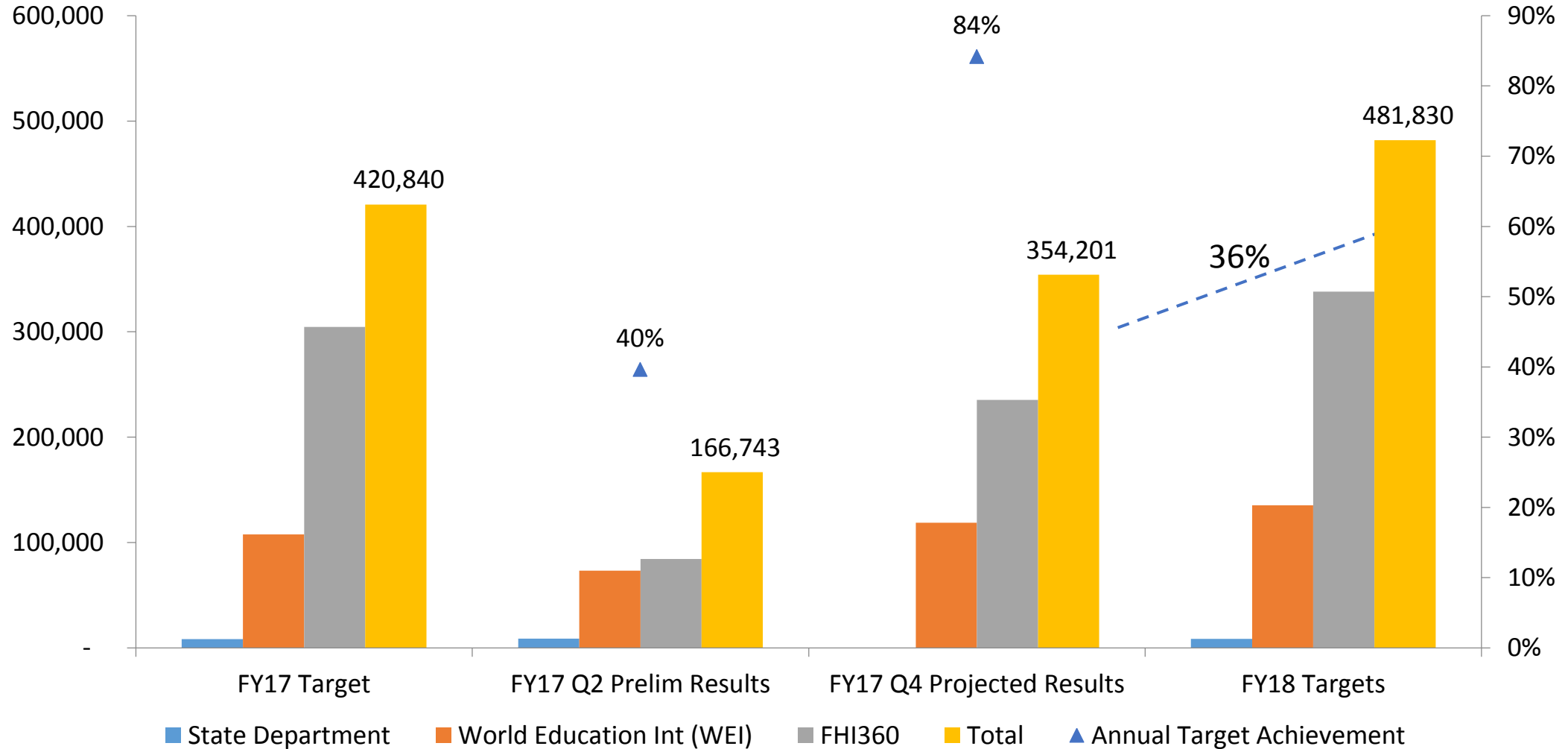
- Condoms
- FP
- HTC
- PVC



Orphans & Vulnerable Children

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OVCs: FY18 Targets in Relation to FY17 Trend



All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.

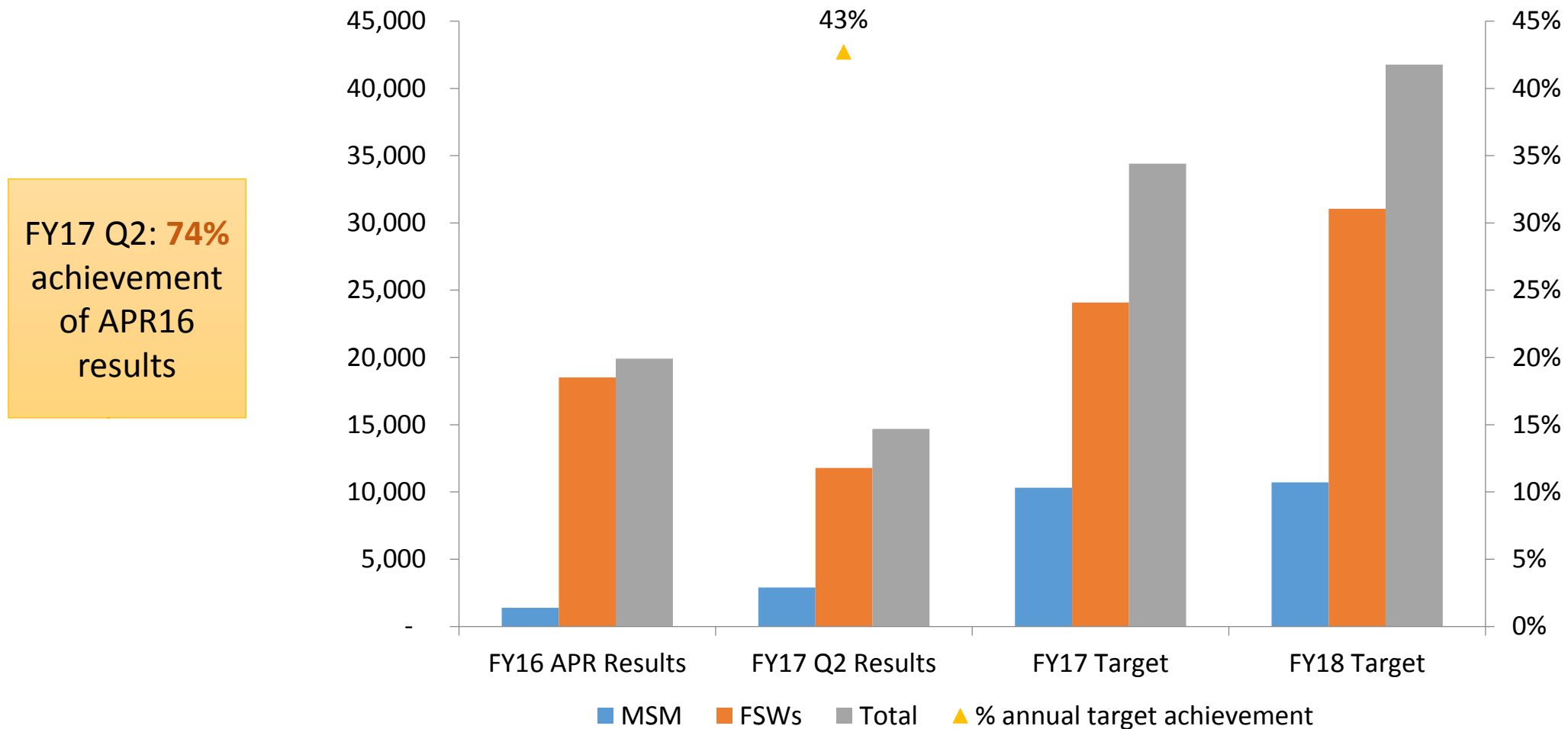
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Key Populations

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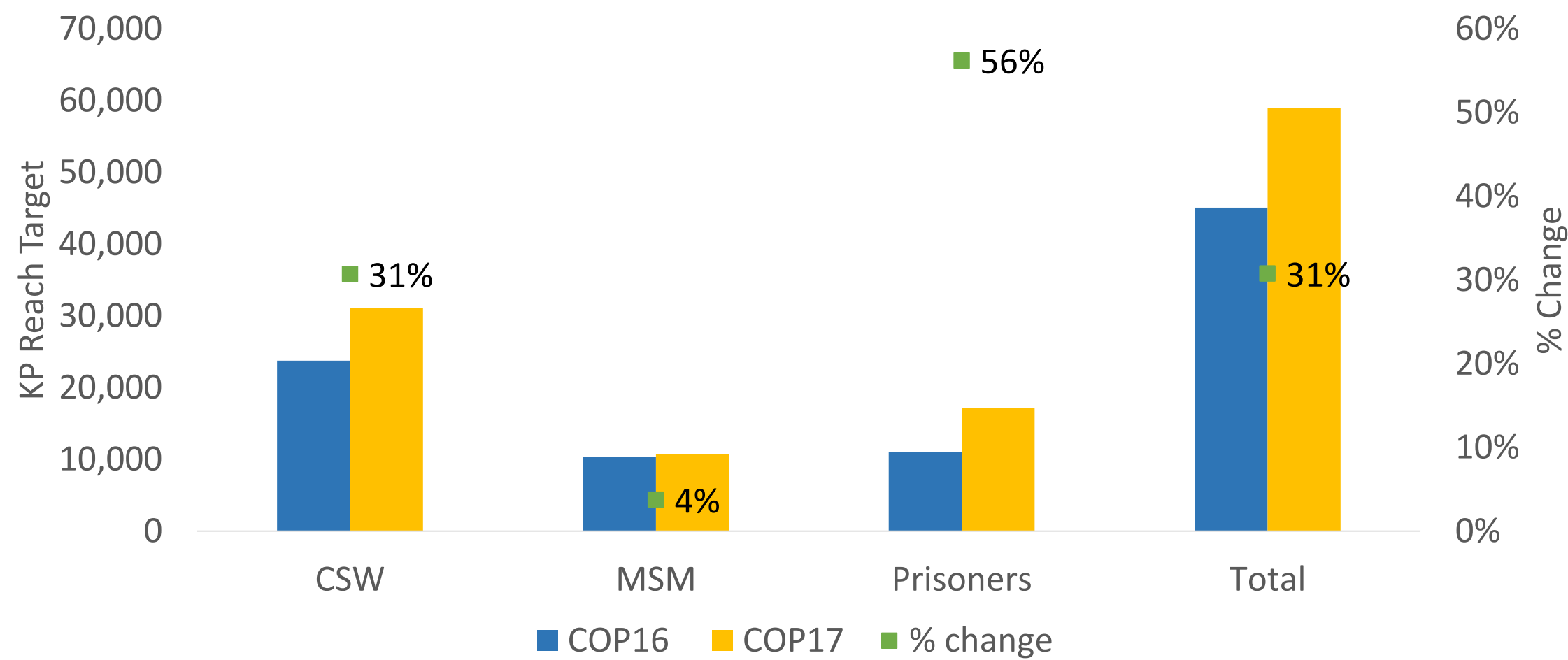
Key Populations: COP17 Targets in Relation to FY17 Trend



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KPs: COP16 vs. COP17 Targets by Population



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SIMS

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FY17 SIMS Implementation Strategy

Facility

- Prioritize Test and Start and high volume sites
- Visit each province each quarter

Community

- Prioritize sites that support retention activities

Update (FY17 Q1 and Q2)

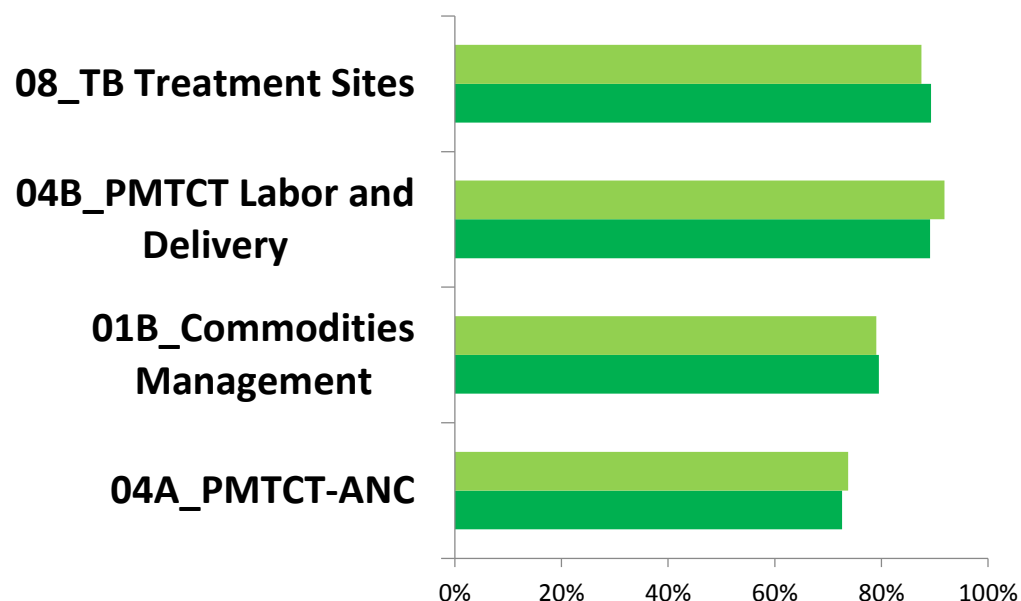
- Facility: 67% of Phase I Test and Start sites visited
- Community: 85% of high volume community sites that support retention activities visited

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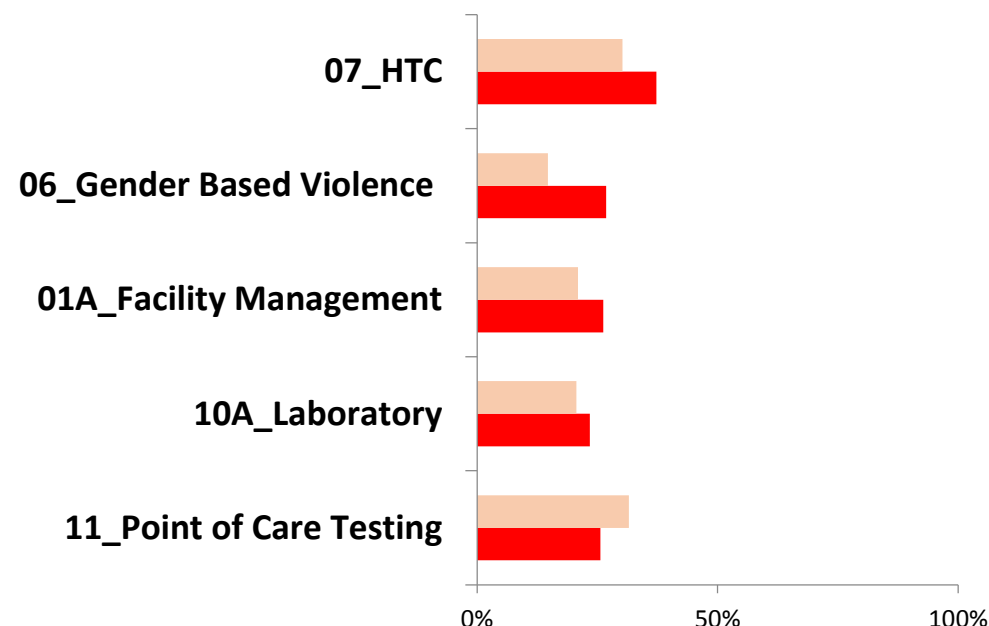
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FY 16 / 17 SIMS Results in Test and Start Sites

Highest Scoring Sets



Lowest Scoring Sets



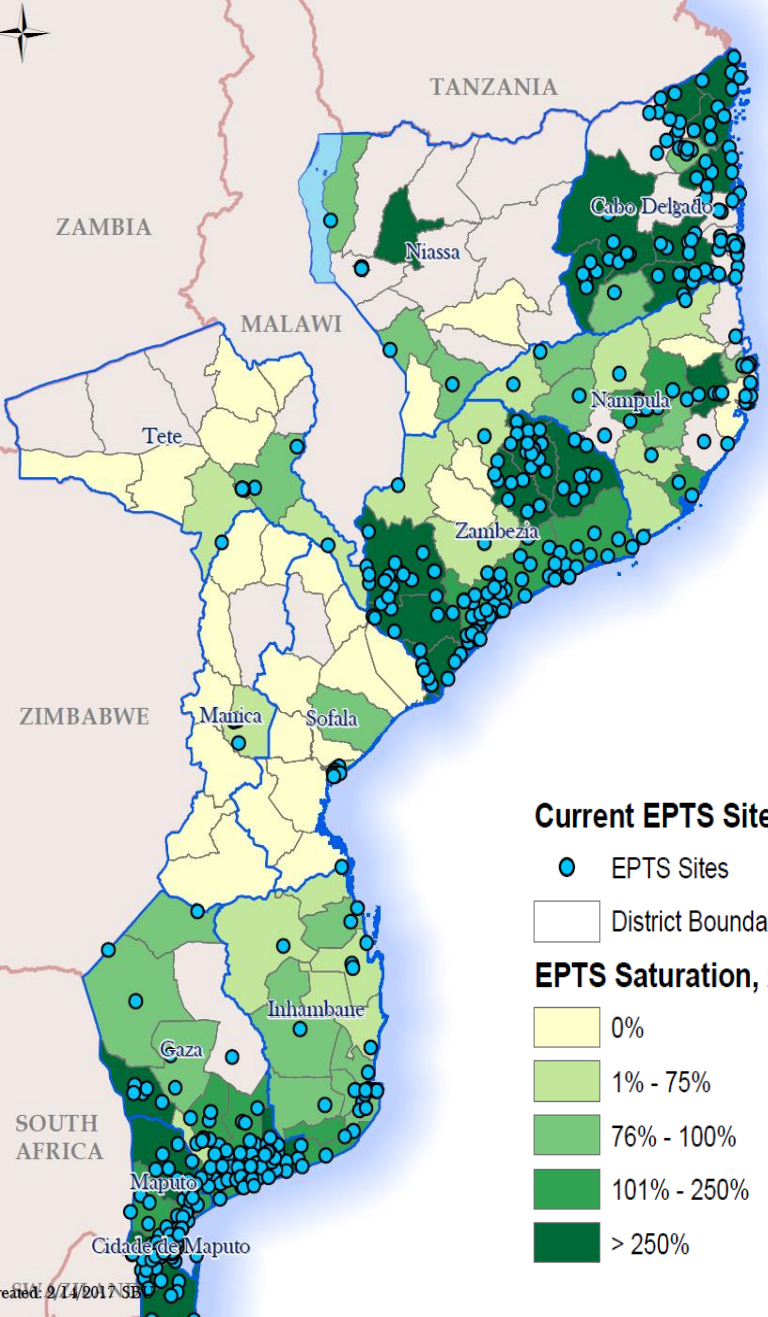
■ = all sites FY16Q2-FY16Q1 ■ = Phase I Test & Start sites ■ = all sites FY16Q2-FY16Q1 ■ = Phase I Test & Start sites

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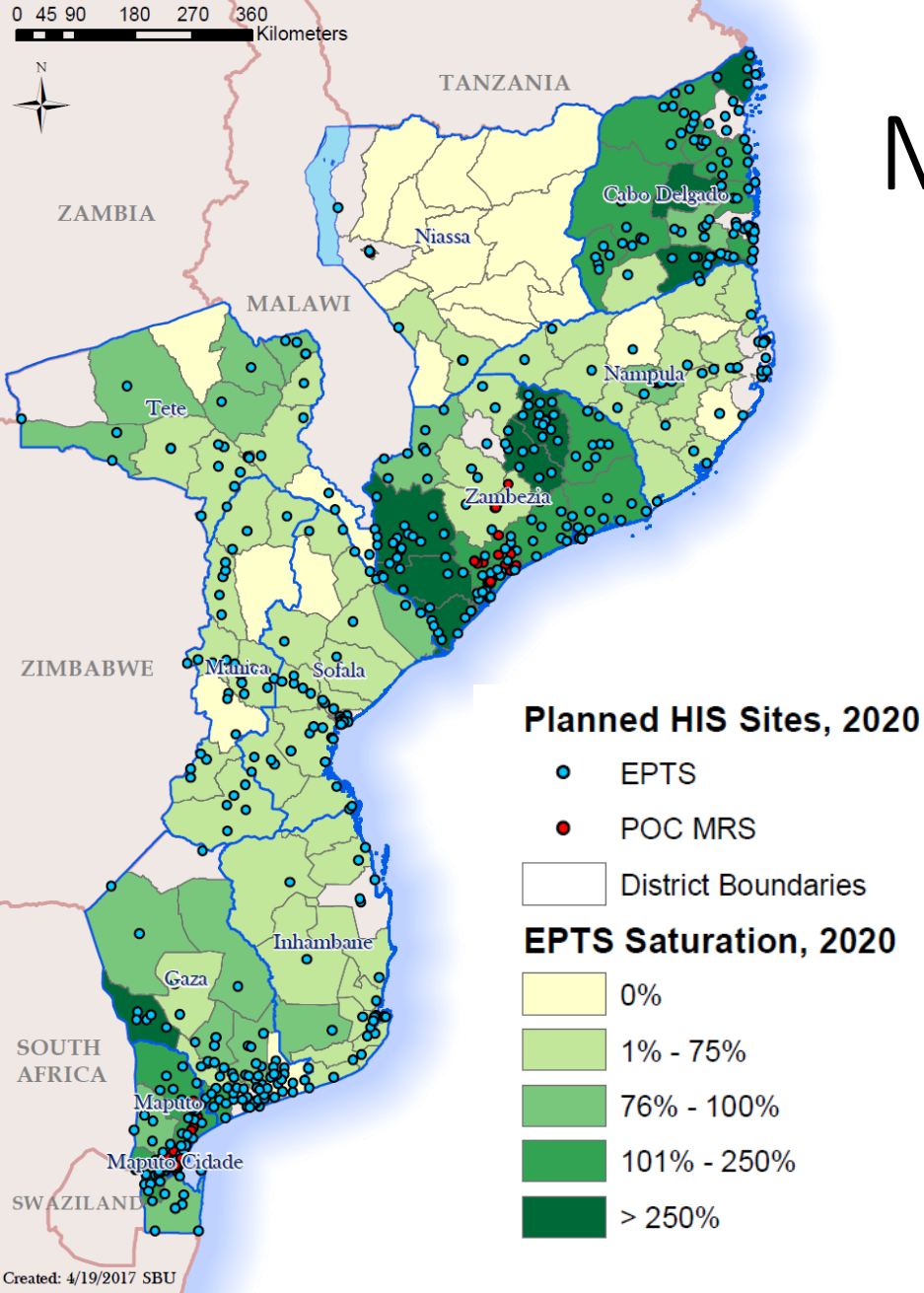
Health Information Systems Improvements to Refine the Response

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Mozambique HIS – Current State

- 32 PEPFAR supported HIS
 - (6 HRIS, 8 LIMS, 5 M&E, 6 Clinical, 5 logistics)
- 5 separate Electronic Patient Tracking Systems (ePTS) – Retrospective
 - 71% coverage of Tx_CURR, (83% in Zambezia)
 - Care & Treatment, MCH, pharmacy, laboratory modules
- Point of Care OpenMRS (POC MRS) – Prospective
 - Completing development
- DHIS 2.0



Mozambique HIS – Future State

- 56 POC systems in Zambezia and Maputo priority facilities
- Deployment of EPTS through all partners
- Expansion of EPTS service modules and clinical / lab inter-operabilities
- Development of HTC registration system and linkage to M-health platform for community-facility tracing and linkage
- Data management by MOH and improved data use by National Health Observatory for public health programs, research, and learning



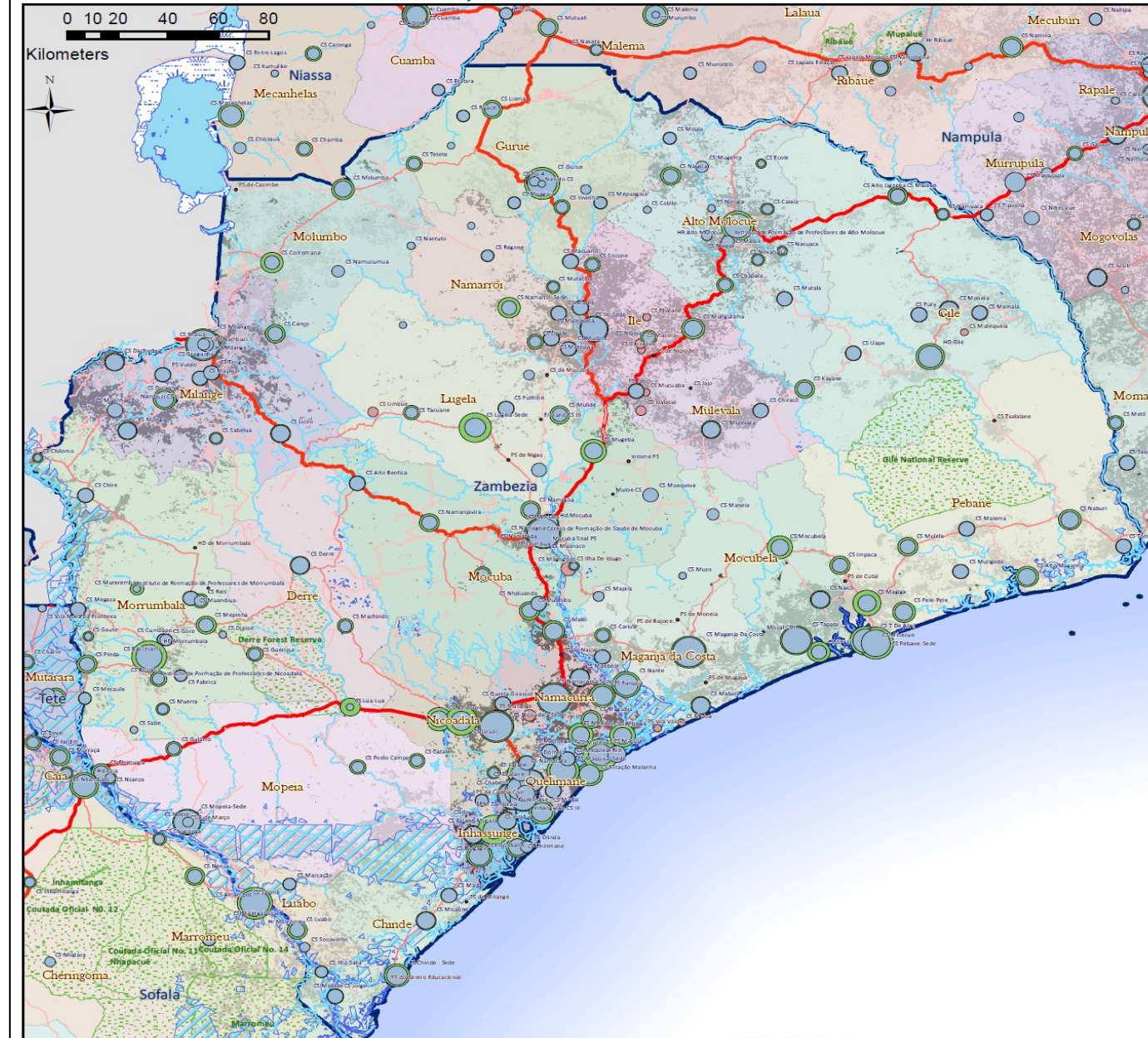
Implementing the Zambezia Action Plan

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ZAP: Progress since DCMM

- Joint PEPFAR and MISAU Zambézia Desk Review
- 21 Zambézia site visits (USAID, CDC, DOD)
- \$15M proposal for supplemental funds for pre-fabs based on data review

Zambezia Health Facilities, March 2017



ZAP Components

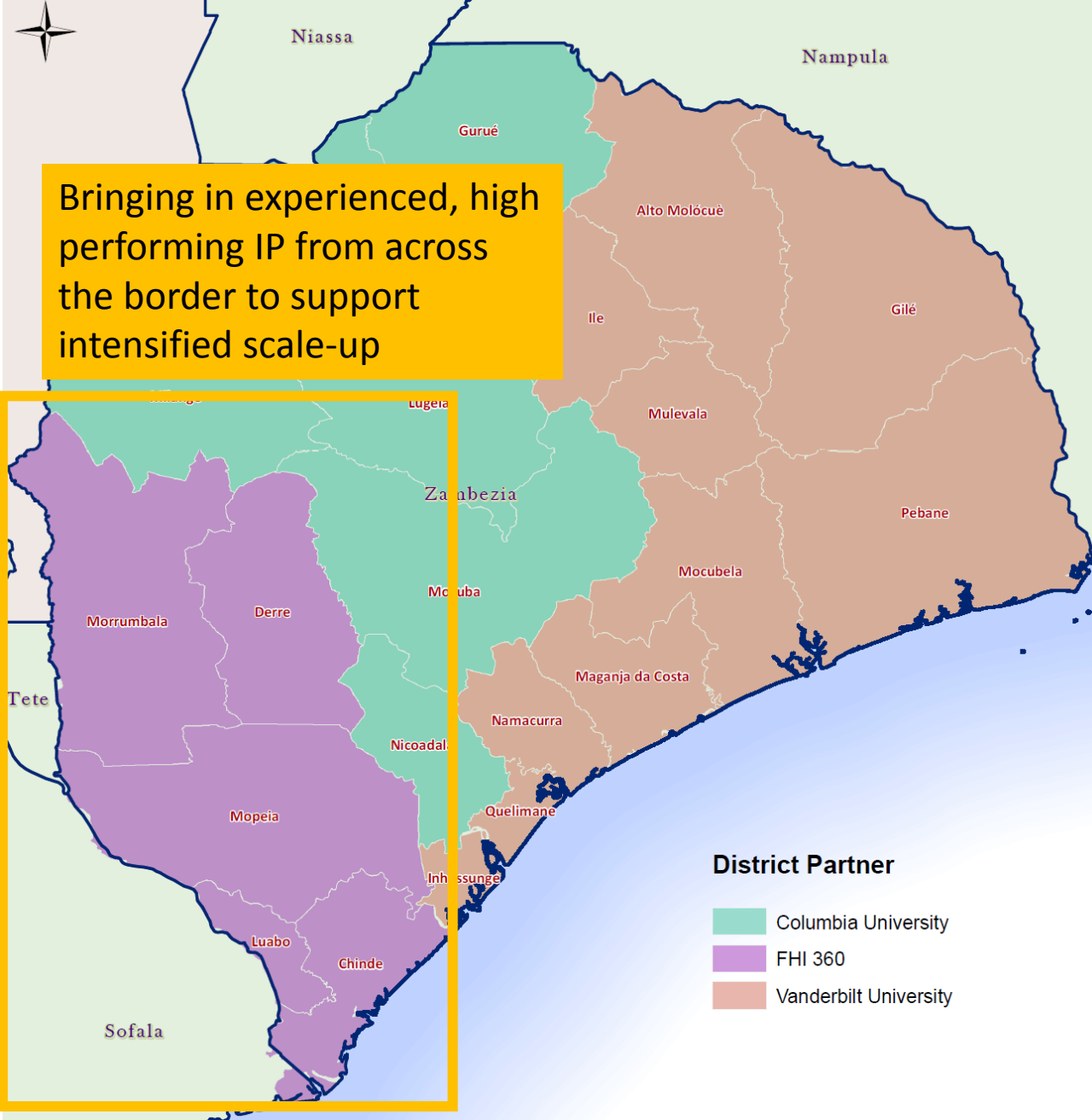
Please see detailed slides outlining programmatic components of each pillar, and milestones in Supplemental Slides.

Four Pillars:

1. Case Identification
2. Community Outreach and Prevention
3. Improving Availability and Quality of Services
4. Health Systems Support

Integrated Coordination and Leverage:

- Intensive IP management by MISAU / DPS / USG team
- Intensive monitoring plan with monthly and quarterly milestones
- Leverage USG non-PEPFAR and non-health funding



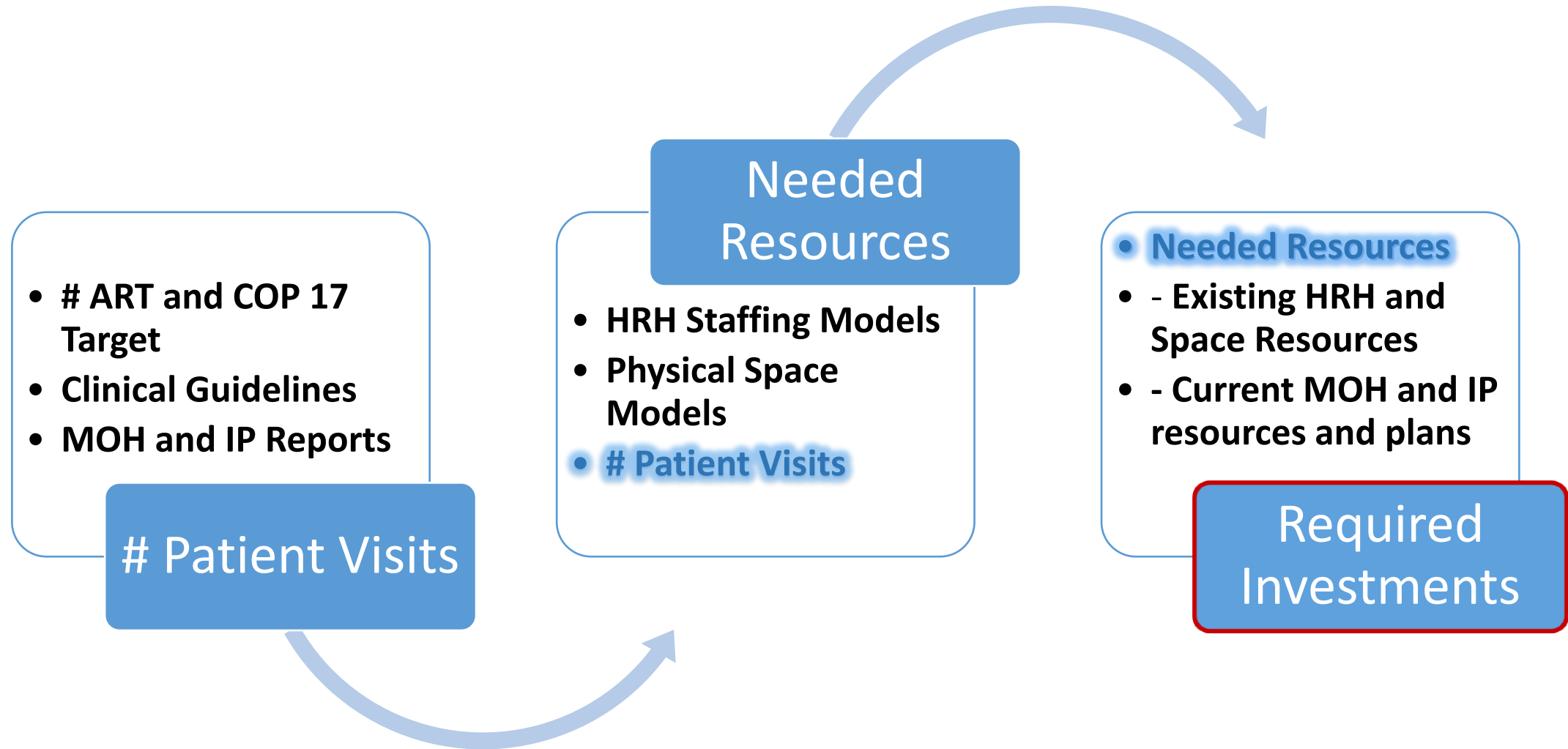
Zambézia Partner Distribution

- FGH (Vanderbilt) – 10 districts
- ICAP (Columbia) – 5 districts
- CHASS (FHI 360) – 5 districts **NEW**
- DOD clinics – 3 clinics
- PC – 31 volunteers in health facilities (7) and schools (24)

Proportion of PLHIV

- **Vanderbilt:** 240,709 (57%)
- **Columbia:** 133,839 (31%)
- **FHI 360:** 51,745 (12%)

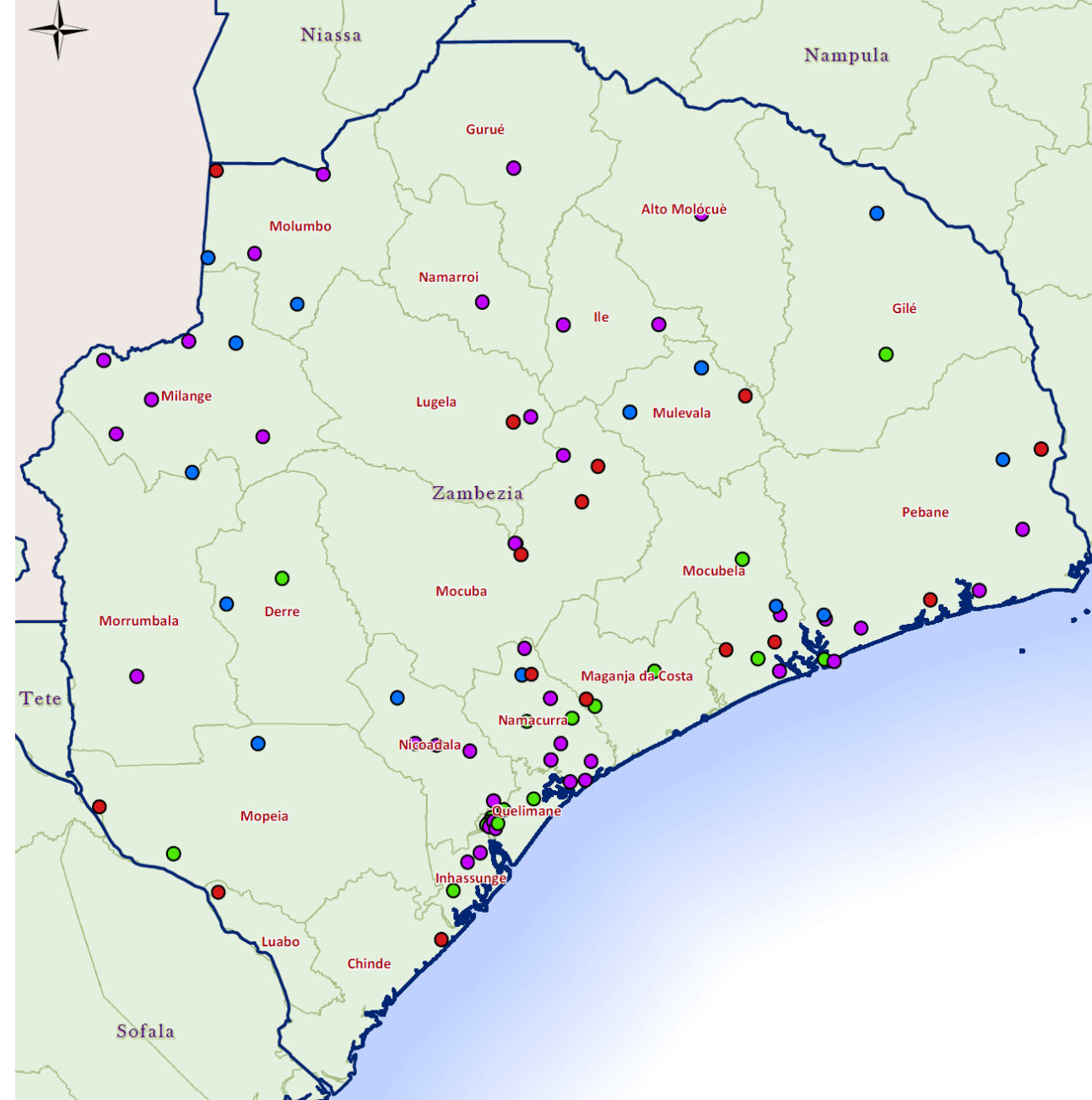
Health Systems Support: Analytic Approach



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Current and proposed ART sites in Zambézia

- MOH New Facility
- New ART at Existing Facility
- PEPFAR Proposed Expansion, COP 17
- IP Planned Expansion, COP 16



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Allocation of ART Providers, 2017

- 60 high volume sites
- Largest sites have largest deficit

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Budgeting the HIV Response

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Global Fund Engagement

- PEPFAR provided support for the HIV/TB programmatic gap analyses, costing exercises, and the development of M&E frameworks for the grant applications
 - Interagency PEPFAR team (18 technical staff members) completed HIV/TB desk review in collaboration with MISAU
 - Interagency team of TB and C&T focal points helped develop TB targets through 2020
 - Met with the Fund Portfolio Manager, High Impact Africa II Director, and other Geneva based Global Fund staff several times during the proposal development

Annual Investment Profile by Program Area (NASA 2014)

Table 2.2.1: HIV Expenditure by Programmatic Area in Mozambique

Program Area	Total Expenditure	% PEPFAR	% GF	% GRM	% Other
Clinical care, treatment and support	90.6	68%	20%	2%	10%
Community-based care, treatment, and support	7.9	92%	N/A	2%	6%
PMTCT	22.1	75%	10%	4%	11%
HTC	14.2	81%	12%	4%	3%
VMMC	17.6	99%	1%	0%	0%
Priority population prevention	5.0	44%	7%	7%	43%
Key population prevention	3.5	49%	7%	N/A	45%
OVC	6.2	84%	N/A	4%	12%
Laboratory	16.1	75%	2%	9%	13%
SI, Surveys and Surveillance	24.2	90%	N/A	5%	5%
HSS	43.6	89%	N/A	7%	4%
Total expenditures :	250.9				
Plus :	81.6				
<i>Other prevention expenditure</i>	28.3	43%	17%	4%	35%
<i>National coordination and program management</i>	44.0	81%	2%	8%	9%
<i>Enabling environment & other social services</i>	9.4	35%	16%	22%	27%
TOTAL :	332.5	74%	9%	5%	12%

Pipeline & Earmark Allocations

COP17 applied pipeline: \$32,201,438

✓ COP17 requirement: \$30,054,306

New FY 2017 funds allocated to care and treatment: \$204,469,308

✓ COP17 requirement: \$193,407,585

New FY 2017 funds allocated to OVC: \$18,349,741

✓ COP17 requirement: \$7,310,521

New FY 2017 funds allocated to water: \$600,000

✓ COP17 requirement: \$500,000

New FY 2017 funds allocated to GBV: \$3,287,967

✓ COP17 requirement: \$1,729,000

All COP17 earmarks
exceeded

COP 17 Agency Allocations and Pipeline

Agency	Total Resources	Applied Pipeline	Central HMIS	Central VMMC	Central Infrastructure	New COP17 Funding
HHS/CDC	\$211,724,263	\$18,367,722	\$8,450,000	\$8,102,508	\$6,040,000	\$170,764,033
USAID	\$168,131,365	\$8,012,183	\$800,000	\$2,450,000	\$8,450,000	\$148,419,181
DOD	\$8,392,160	\$3,500,000	\$0	\$800,000	\$500,000	\$3,592,160
State/ AF	\$3,723,884	\$0	\$0	\$0	\$0	\$3,723,884
PC	\$3,120,842	\$2,121,533	\$0	\$0	\$0	\$999,309
HHS/HRSA	\$3,856,728	\$200,000	\$750,000	\$0	\$0	\$2,906,728
ALL	\$398,949,242	\$32,201,438	\$10,000,000	\$11,352,508	\$14,990,000	\$330,405,296

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COP17 Commodities

Product	COP16 Investment (million USD)	COP17 Investment (million USD)
ARVs	\$31.5	\$23.6
RTKs	\$6.2	\$4.5
Viral Load	\$9.2	\$15.4
EID	\$3.2	\$4.5
VMMC	N/A	\$3.6
Nutrition	\$2	\$5
Cotrimoxazole	\$3	\$2.4
Study commodities	\$0.2	\$0.2
Creatinine/urine dipsticks	\$1.9	\$0
TB	\$1.6	\$0
HB/Hematology	\$0.3	\$0
Crag and Micro	\$0.3	\$0
CD4	\$4.5	\$0
Syphilis rapid tests	\$1	\$0
Total	\$64.8	\$59.2

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Budget Code Totals: COP16 vs COP17

Budget Code	COP16	COP17	Difference
CIRC	\$43,708,609	\$42,394,891	(\$1,313,718)
HBHC	\$28,841,585	\$30,630,464	\$1,788,879
HKID	\$22,462,883	\$21,322,416	(\$1,140,467)
HLAB	\$6,829,279	\$4,586,288	(\$2,242,991)
HMBL	\$698,470	\$448,755	(\$249,715)
HMIN	\$0	\$0	\$0
HTXD	\$31,847,762	\$24,178,100	(\$7,669,662)
HTXS	\$124,379,676	\$130,771,663	\$6,391,987
HVAB	\$24,638	\$191,520	\$166,882
HVCT	\$21,528,485	\$25,661,567	\$4,133,081
HVMS	\$22,000,547	\$21,797,062	(\$203,485)
HVOP	\$5,096,091	\$13,664,958	\$8,568,868
HVSI	\$7,247,616	\$18,337,847	\$11,090,231
HVTB	\$8,776,185	\$7,833,598	(\$942,587)
IDUP	\$0	\$0	\$0
MTCT	\$15,966,370	\$16,537,428	\$571,057
OHSS	\$14,645,307	\$18,013,171	\$3,367,864
PDCS	\$4,237,073	\$8,311,929	\$4,074,856
PDTX	\$15,475,476	\$14,267,584	(\$1,207,892)
TOTAL	\$ 373,766,052	\$ 398,949,242	

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THANK YOU!
Obrigado!